FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600056844 (9)

RAINBOW EMBROIDERY INC.

FILED Feb 11 1997 8:00am Secretary of State



Principal Pla	ce of Business	Mailing Address	Mailing Address				1 Superium ind susse diens dales dans suns dans dere deren deren deren beste beste beide susse sind sind suns				
4275 SAVANI MERRITT ISL	NAHS TRAIL AND FL 32953	4275 SAVANNAHS TRAIL MERRITT ISLAND FL 32853-8608									
						3. Date Incom 07/01/19	orated or Qualified	3a. Da	ite of Last	Report	
2. Principa:	Place of Business	2a. Mailing Address	······			4. FEI Numbe	7			Applied For	
21		26			i	59 3	387198			Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate	of Status Desired	\$8.75 Additional Fee Required				
City & Sta	ale	City & State				6. Election Ca	mpaign Financing			0 May Be	
:3]		28					Contribution			d to Fees	
Zip	Country	Zip	Co	untry		8. This corpor	ation has liability for			s. 199.032	
4	25	29	30	· · · · ·		Florida Sta			No		
	9. Name and Address of Current	t Registered Agent		81	Name	10. Name and	Address of New Re	gistered	agent		
	ENCER, JOYCE B			"	ivame						
	75 SAVANNAHS TRAIL	82		82	Street Add	ress (P.O. Box Nu	nber is Not Acceptal	ole)			
ME	ERRITT ISLAND FL 32953			83							
										12 - 12 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14	
				84	City			FL.	85 Zij	Code	
SIGNATURE	Signature, typical or printed name of registered age-				ni signature requi	red when reinstating)		DATE			
12.	OFFICERS AND		13.			ADDITIONS	CHANGES TO OFFI	CERS AND			
TITLE	D	☐ DELET	,,,,				* .		Change	Additio	
NAME	SPENCER, JOYCE B 4275 SAVANNAHS TRAIL			NAME							
STREET AGORESS	MERRITT ISLAND FL 32953				ADDRESS 1		•				
CHY-ST-ZIF TITLE	D	DELE		HTLE	1-21				Change	Additi	
NAME	SPENCER, SAMUEL J	E		NAME	ŀ						
STREET ADDRESS			235	STREET	address						
CITY - ST - ZIP	MERRITT ISLAND FL 32953			CITY-S	T-ZIP						
THLE		DELF	1	ITLE		•			L Change	Addition	
NAME.	1			NAME							
STREET ADORESS CITY-ST-ZIF					ADDRESS			-			
TITLE		☐ DELE		CITY-S TITLE	1-21	······································			Change	Additio	
NAMÉ			4.2	NAME					٦.		
STREET ADDRESS	3		4.3 9	STREET	ADDRESS						
CHY+S1+7IP	444. B. 40 PP.			CITY-S	r-zip	·				·····	
TOLE		☐ DECE	ľ	TITLE					☐ Change	B Additio	
NAME				NAME	4000000		2 •				
STREET ADDRESS					ADDRESS		1.1				
CITY-ST-ZIP TITLE		☐ DELE		CITY-S TITLE	I-AIP				Change	a Additi	
NAME				NAME		-	•				
STREET ADDRESS	s				ADDRESS						
			1								
CITY ST-ZIP			6.4	CITY-S	1-21P						

14. I do he eby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daysme Prone #