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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000059670 (5)

RAINBOW'S END OF SARASOTA, INC.

## FILED Apr 03 1998 8:00am Secretary of State



1805 MAIN STREET STE 1001 SARASOTA FL 34226  2. Principal Place of Business 2. Malling Address 2. Malling Address 2. Malling Address 3. Date Incorporated or Qualified 07/17/1996 2. Principal Place of Business 2. Malling Address 3. Date Incorporated or Qualified 07/17/1996 3. Test Number 4. FEI Number 5. Geflicate of Status Desired 5. Geflicate of Status Desired 5. Geflicate of Status Desired 6. Seflicate of Status Desired 6. Sefficial of Status Desired 6. Seffi	ace of Business	Mailing Address			(Bill Billi 1601 601 1001	
SARASOTA FL 34296  SARASOTA FL 34296  2. Principal Place of Business 2. Mailung Address 3. Date Incorporated or Qualified 07/17/1996  4. FEI Numbor 55-0680156 Not Applied 55-0680156 N		-	1001	1		
2. Principal Place of Business				DO NOT WRITE IN TUIC OF	DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business					ACL	
2. Maling Address   2a. Maling Address   4. FEI Number   Applies   2b. Maling Address   55-0680156   Mal Applies   50-10680156   Mal Applies				· ·		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   27	Place of Business	2a, Mailing Address	<del></del>		Applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   SR.75 Acadin Fee Required City & State   City & State   Status Desired   Status Desired   Status Desired   Status Desired   Fee Required City & State   Status Desired   Status Desired   Status Desired   Fee Required City & State   Status Desired   Status De		26		65-0680156	Not Applicable	
City & State  Country  Country  Registered Agent  Country  Registered Agent  COULDSMITH, STANLEY A  1805 MAIN STREET STE 1001  SARASOTA FL 34238  Signers, hybrid or previsions of Sections 607 0502 and 607 1508, Finds Statutes, the above named corporation submits this statement for the purpose of changing is registered agent in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in the purpose of changing is registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607, 6506, Florida Statutes.  SIGNATURE  Signers, hybrid or prevent families with, and accept the obligations of, Section 607, 6506, Florida Statutes.  SIGNATURE  OPSA  KLINGER, DEBORAH  LINGER, PAS J J  3627-A Webber Street  Sarasota, FL 34232  TITLE  DYPAS  Change  C	it. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
28				U. Collinging of challed begins	Fee Required	
Zip Country Zip Country Zip Country Registered Agent Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of New Registere	ate			1	\$5.00 May Be	
28	Country		Country			
9, Name and Address of Current Registered Agent  GOLDSMITH, STANLEY A 1805 MAIN STREET STE 1001 SARASOTA FL 34236  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 City  FL 85 Zip Code  86 City  FL 86 Zip Code  87 City  FL 86 Zip Code  88 City  FL 86 Zip Code  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Street Address (P.O. Box Number is Not Acceptable)  88 Zip Code  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  84 City  85 Street Address (P.O. Box Number is Not Acceptable)  86 Zip Code  87 Street Address (P.O. Box Number is Not Acceptable)  88 Zip Code  89 Street Address (P.O. Box Number is Not Acceptable)  89 Zip Code  80 Zip Code  80 DATE  81 Name  81 Street Address (P.O. Box Number is Not Acceptable)  80 Zip Code  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 Zip Code  86 Zip Code  87 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  87 Change  88 A City Street  88 ACCEPTABLE ADDRESS STREET ADDRESS  88 ACCEPTABLE ADDRESS  88 ACCEPTABLE ADDRESS  88 City Street  89 ACCEPTABLE ADDRESS  89 STREET ADDRESS  80 ACCEPTABLE ADDRE	<u></u>	<del></del> -₁	j			
GOLDSMITH, STANLEY A 1805 MAIN STREET STE 1001 SARASOTA FL 34236  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 City  FL 85 Zip Code  88 City  FL 85 Zip Code  88 City  FL 85 Zip Code  89 City  FL 85 Zip Code  80 City  FL 85 Zip Code  81 City  FL 85 Zip Code  81 City  FL 85 Zip Code  82 City  FL 85 Zip Code  83 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Change  87 Change  87 Change  88 City St. 2 Zip Code  88 Cit			130			
SARASOTA FL 34236  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   Zip Code  84 City   FL   85   Zip Code  85   Signature required when renistancy   DATE  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registagent agent and time if applicable (NOTE Registered Agent signature required when renistancy). DATE  12. OFFICERS AND DIRECTORS IN 11 ITILE DPSAT XX Change   STREET ADDRESS   SARASOTA FL			81 Name		<del></del>	
SARASOTA FL 34236  84			<b>23</b> Ctrast	Address (P.O. Roy Number is Not Assentable)		
B4			oz street	Hudiess (F.O. Dox Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  DPSAT  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  DPSAT  XX Change  L1 NAME  KLINGER, DEBORAH R. 3627-A Webber Street  STREET ADDRESS  CITY-S1-ZIP  SARASOTA FL  1.1 TITLE  DVPAST  XX Change  L2 NAME  1.3 SIREET ADDRESS  SARASOTA FL  1.4 CITY-S1-ZIP  SARASOTA FL  2 1 TITLE  DVPAST  XX Change  L2 NAME  2 2 NAME  2 2 NAME  2 3 STREET ADDRESS  SARASOTA FL  DELETE  3 1 TITLE  DVPAST  XX Change  CITY-S1-ZIP  CHANGE  CITY-S1-ZIP  SARASOTA FL  DELETE  3 1 TITLE  DELETE  3 1 TITLE  NAME  STREET ADDRESS			63			
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or profed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS.  III.E.  OPSA  LINGER, DEBORAH  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  DELETE  1.1 ITILE  DVPA  LINGER, DEBORAH R.  3.2 NAME  1.2 NAME  1.3 SIRRET ADDRESS  SARASOTA FL  DELETE  1.1 ITILE  DVPA  LINGER, DEBORAH R.  3.627-A Webber Street  Sarasota, FL  34232  Change  TITLE  DVPAST  STREET ADDRESS  2.2 NAME  2.3 STREET ADDRESS  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  AMAME  STREET ADDRESS  SARASOTA FL  3.2 NAME  3.3 STREET ADDRESS  SARASOTA FL  3.4 CITY-ST-ZIP  SARASOTA FL  3.4 CITY-ST-ZIP					1 1	
Aggent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE  Signature. hybed or printed name of registered agent and title if apphicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TITLE  DPSA  KLINGER, DEBORAH  12. NAME  KLINGER, DEBORAH R.  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  14. CITY-ST-ZIP  NAME  EASTER, FAY J  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  12. NAME  22. NAME  23. STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  14. CITY-ST-ZIP  SARASOTA FL  22. NAME  23. STREET ADDRESS  CITY-ST-ZIP  TITLE  DVPAST  RASTER, FAY J  23. STREET ADDRESS  36. 27 - A Webber  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  DELETE  31. TITLE  Change  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  ALCHY-ST-ZIP  SARASOTA FL  34. CITY-ST-ZIP  ALCHY-ST-ZIP  SARASOTA FL  34. CITY-ST-ZIP  ALCHY-ST-ZIP  ALCHY-ST-	it to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above-named	corporation submits this statement for the purpose of c	changing its registered	
Signature. Typed or profiled name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	am familiar with, and accept the obli	gations of, Section 607.0505, Fig	aumonzeo by the con orida Statutes.	Joration's board of directors: I hereby accept the appoi	mment as registered	
Signature. Typed or profiled name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	<u> </u>					
TITLE DPSA   DELETE   1.1 TITLE DPSAT   XX Change   XX					DIDEOTODO IN 10	
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STREET ADDRESS CITY-ST-ZIP SARASOTA FL  2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 36 27 - A Webber Street Sarasota, FL 34232  Change Ch			L		.n • —	
SARASOTA FL   2,4 CITY-ST-ZIP   Sarasota			2.3 STREET ADDRESS	3627-A Webber Street		
TITLE         DELÉTE         3.1 TITLE         Change         I           NAME         3.2 NAME         STREET ADDRESS         3.3 STREET ADDRESS         I         I         CITY-ST-ZIP         3.4. CITY-ST-ZIP         I <t< td=""><td></td><td></td><td>2. 4 CITY - ST - ZIP</td><td>Sarasota, FL 34232</td><td></td></t<>			2. 4 CITY - ST - ZIP	Sarasota, FL 34232		
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CITY-ST-ZIP 64 CHY-ST-ZIP		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition	

14. I hereby certify 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 phanged, or on an attachment with an address.

Dehapal P. Klinger 3/21/98 941-907-03

CR2E034 (10/97)