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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099110

RAINBOW PLASTICS, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90027 049 ***150.00



| | | | | | | | | | 4 | | | | | |
|---|--|---|------------------|---------------------|------------------|--------|---------------|--|---|-------------|-------------------|-------------|------------|------------|
| Principal Place of Business Mailing Address | | | | | | | | | | | | | | |
| 100 E. 10TH COURT 8762 LAKE TIBET COURT | | | | | RT | | | | | | | | | |
| HIALEAH FL 33010 | | | ORLANDO FL 32836 | | | | | DO NOT WRITE IN THIS SPACE | | | | | | |
| | | | | | | | | | 3. Date Incorporated or Qualifed | | | • | | |
| | | | | | | | | ì | 12/09/1996 | | | | | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | 4. FEI Number | | | Applied For | |] |
| 21 | | | | 26 | | | | | 59-2796293 | | Not Applicable | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. Certifcate of Status Desired | | • | | dditional | |
| 22 | | | | 27 | | | | | | | F | e Rec | uired | ļ <u>.</u> |
| City & State | | | | City & State | | | | | 6. Election Campaign Financing \$5.00 May Be | | | | | |
| 23 | | | | 28 | | | | | Trust Fund Contribution Added to Fees | | | | | 1 |
| Zip Country | | | <u> </u> | Zip Country | | | | j | 8. This corporation owes the current year Intangible Personal Property Tax. | | | | | |
| 24 | 25 | | | 29 30 | | | | | Personal Property Tax. 10. Name and Address of New Re | | | , , | | \cdot |
| • | 9. Name and | Address of Current | Regis | stered Agent | | 81 | Name | | IU. Name and Address of New Re | gistereu A | gent | | | 1 |
| 1 EVE | ENTHAL, RONA | ID H | | | | | 1401110 | | | | | | | 1 |
| 8762 LAKE TIBET COURT | | | | | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| ORLANDO FL 32836 | | | | | | | | | | | | | | 1 |
| Ond | 1100 1 2 0200 | • | | | | 83 | | | | | | | |] |
| | • | | | | | 84 | City | | ···· | FL | 85 | Zip C | ode |] |
| 44 Durawant t | La Maria de la Caracia de la C | of Contions 607 0603 | and E | O7 1508 Florida St | atutes the a | boye | -named | comora | tion submits this statement for the p | urnose of c | <u>i</u> hangi | na its r | eaistered | 1 |
| office or re | n tnanc haratsing | or both, in the State of accept the obligation | Florid | da. Such change wa | is authorized | t hv i | tne corpo | oration's | board of directors. I hereby accept | the appoint | ment | as reg | istered | |
| SIGNATURE | | | | | | | | | | | | | | } |
| | Signature, typed or prin | ted name of registered agent a | | | IOTE: Registered | Agen | t signature n | required wh | en reinstating) ADDITIONS/CHANGES TO OFF | DATE | DIR | CTO | 2S IN 12 | 1 |
| 12. | | OFFICERS AND | DIKE | DELETE | 13. | n e | | T - : | ADDITIONS/CHANGES TO OFF | CENS AND | □ Ch | | Addition | 1 |
| TITLE | S LES/ENTITIAL | DOMALD H | | | 1.2 N | | | | | | | · | _ |] : |
| NAME | LEVENTHAL, RONALD H ORESS 8762 LAKE TIBET COURT | | | | | | ADDRESS | | | | | | | L |
| STREET ADORESS | ODLANDO EL 2002C | | | 1.3 Si | | | | | | | | | | |
| CITY-ST-ZIP TITLE | P P | . 32830 | | DELETE | | | -216 | + | 44-14-14-1 | | ☐ Ch | ange | Addition | 1 |
| NAME | • | JACQUELINE C | | | 2.2 N | | | | | | _ | | | |
| STREET ADDRESS | 8762 LAKE T | | | | | | ADORESS | | | | | | | i |
| CITY-ST-ZIP | ORLANDO FL | | | | 1 | ITY-S | | | | ÷ . | - | | | ì |
| TITLE | OILD/1100 II | . 02000 | | ☐ DELETE | | _ | | 1 | | | ☐ Ch | ange | ☐ Addition | 1 |
| NAME | | | | | 3.2 N | | | 1 | | | | | | } |
| STREET ADDRESS | ESS | | | | | | ADDRESS | | | | | | | |
| City-St-ZIP | | | | | | ITY-S | | | | | | | | 1 |
| TITLE | ····· | | | ☐ DELETE | | _ | | İ | | | Ch | ange | ☐ Addition | 1 |
| NAME | | • | | | 4, 2 N | AME | | | | | | | | } |
| STREET ADDRESS | • | | | | | | ADDRESS | | | | | | | } |
| CITY-ST-ZIP | | | | | | TY-S1 | | | | | | | | Ì |
| TITLE | | | | ☐ DELETE | | | • | | | | Ch | ange | Addition |] |
| NAME | | | | | 5.2 N | AME | | | | | | | | 1 |
| STREET ADDRESS | | | | | 5.3 \$ | TREET | ADDRES\$ | | | | | | | |
| CITY-ST-ZIP | | | | | 5.4 C | TY-S1 | r-ZIP | | | | | | | |
| TITLE | | | | ☐ DELETE | 6.1 TI | TLE | | | | | [] Ch | ange | ☐ Addition | 1 |
| NAME | | | | | 6.2 N | AME | | | | | | | | |
| | REPLANA | Ŷ | | | 6.3 S | TREET | ADDRESS | 1 | | | | | | |

CITY-ST-ZIP 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 changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: