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 # P96000103895 (4)

25 NASSAU

CORPORATION SERVICE COMPANY

TALLAHASSEE FL 32301-2525

9. Name and Address of Current Registered Agent

RAINBOW DINER, INC.

Mailing Address

Mailing Address

2a. Mailing Address

City & State

29 32034

28

Suite, Apt. #, etc.

434 LITTLEBERRY LANE C FERNANDINA BEACH FL 32034

2. Principal Place of Business

Suite, Apl. #, etc.

SIGNATURE:

City & State

24 32034

22

21 510 So. B TH STREET

FERNAUDINA Boh

1201 HAYS STREET

Principal Place of Business

FERNANDINA BEACH FL 32034-7023

26 510 So 8 TH STREET

FERNANDSNA BOX

97 APR 14 AM 10: 20

SECRETARY OF STATE TALLAHASSEE FLORIDA

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

904-321-0408

Not Applicable



8. This corporation has liability for intangible tex under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

3000021<u>4</u>

3. Date Incorporated or Qualified

59-3421148

5, Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

12/30/1996

,					
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502 and 607.150	8. Florida Statutes.	the above-name	corporation submits this statement for th	ne purpose of changing its registered
office or 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. Lam familian with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURI CINCENTIAL 3/19/97					
• • • • • • • • • • • • • • • • • • • •	Sugrature 1,500 consted name of egistered spore and title if applic			e required when reinstating)	DKTE
12	OFFICERS AND DIRECTORS	the state of the s	13.		FICERS AND DIRECTORS IN 12
TITLE	P HUISEY	⊠ DELETE	1.1 TITLE	PRESIDENT	Change Addition
NAM	HAULSEY, CINDY		1.2 NAME	HUBBY , CTHOY	N/A
STREET ADORESS	484-LITTLEOGRAN-LIANE		1.3 STREET ADDRESS	PO BOX 0751	
City-St 7IP	FERNANDINA BEACH FL 32034		1.4 CITY-ST-ZIP	FERNANDINA, Bch.	F1. 32035-0751
THLE		DELETE, K	2.1 TITLE	SECRETARY	Change 🔀 Addition
NAME	· //// - /		2.2 NAME	SECRETARY STANDARD, MARY PO BOX 0751	NID
STREET ADDRESS		-	2.3 STREET ADDRESS	PO BOX 0751	
CHY-ST ZIP	•		2.4 CITY-ST-ZIP	FERNANDINA BCA	F1. 32035-075/
TillE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	, ,		3.3 STREET ADDRESS		
C-TY+ST-ZiP		1	3.4. CITY - \$1 - ZIP	1.	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME)	İ	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY ST-78			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST- ZIP		·	5.4 CiTY-ST-ZIP		
THE		DELETE	61 TITLE		Change Addition
NAMí			6.2 NAME		
SUBELLADDRESS		!	6.3 STREET ADDRESS		
CHY+S1-71P			6.4 CITY-\$1-ZIP	<u>l</u>	
14. I do hereby certify that the information supplied with this filling 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 cells: 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 1 V Y					
appears in Block 12 or Block 13 if changed, or on an attachment with an address.					

30 NASSAU

81 Name

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