

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

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000013344 (1)  
1. Corporation Name

RAINBOW FLEA MARKET, INC.

Principal Place of Business

Mailing Address

513 S.E. 24TH AVENUE  
APT. 3  
CAPE CORAL FL 33990

513 S.E. 24TH AVENUE  
APT. 3  
CAPE CORAL FL 33990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4628 TAMiami TRAIL		26 4628 TAMiami TRAIL		02/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0724439	
City & State		City & State		Applied For	
23 CHARLOTTE HARBOR, FL		28 CHARLOTTE HARBOR, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33980		29 33980		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEEGAN, LORETTA  
513 S.E. 24TH AVENUE  
APT. 3  
CAPE CORAL FL 33990

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4628 TAMiami TRAIL
83	
84 City	CHARLOTTE HARBOR FL
85 Zip Code	33980

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Loretta Meehan* - LORETTA MEEGAN

3-17-98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MEEGAN, LORETTA	1.2 NAME	MEEGAN, LORETTA
STREET ADDRESS	513 S.E. 24TH AVENUE APT 3	1.3 STREET ADDRESS	4628 TAMiami TR
CITY-ST-ZIP	CAPE CORAL FL 33990	1.4 CITY-ST-ZIP	CHARLOTTE HARBOR, FL. 33980
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 change or on an attachment with an address.

SIGNATURE:

*Loretta Meehan* President

3-17-98

CR2E034 (10/97)