

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90029 040 ***150.00

DOCUMENT # P97000013344

1. Corporation Name
RAINBOW FLEA MARKET, INC.

Principal Place of Business
4628 TAMiami TrL
APT. 3
CHARLOTTE HARBOR FL 33980
US

Mailing Address
4628 TAMiami TrL
APT. 3
CHARLOTTE HARBOR FL 33980
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/05/1997

4. FEI Number
65-0724439
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4628 Tamiami Trl.
Suite, Apt. #, etc.

2a. Mailing Address

26 4628 Tamiami Trl.
Suite, Apt. #, etc.

23 City & State

Charlotte Harbor FL

Zip Country

24 33980 25 USA

28 City & State

Charlotte Harbor FL

Zip Country

29 33980 30 USA

9. Name and Address of Current Registered Agent

MEEGAN, LORETTA
4628 TAMiami TrL
APT. 3
CHARLOTTE HARBOR FL 33980

10. Name and Address of New Registered Agent

81 Name
Loretta Meegan
82 Street Address (P.O. Box Number is Not Acceptable)
22139 Bronxville Ave.
83 ~~Port Charlotte~~
84 City
Port Charlotte FL 85 Zip Code
33952

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 Meegan

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
MEEGAN, LORETTA
STREET ADDRESS 4628 TAMiami TrL
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D
meegan Loretta
1.3 STREET ADDRESS 22139 Bronxville Ave
1.4 CITY-ST-ZIP Port Charlotte, FL 33952

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loretta Meegan

Date

Daytime Phone #

4/26/99 (941) 629-1223

CR2E034 (11/98)