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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700
1. Corporation Name
RAINBOW'S END JEWELRY, INC. P97000023641 (8)

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



561-283-

7100 SW SPRINGHAVEN AVE INDIANTOWN FL 34956		7100 SW SPRINGHAVEN AVE INDIANTOWN FL 34956			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 03/17/1997
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0738125 Not Applicable
Suite, Apt. (Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution Added to Fees
Zip	Country	Z _i p	Coun	ry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 11 Yes No
24	25 9. Name and Address of Currer	29 N Registered Agent	30		Personal Property Tax due June 30. LY Yes LJ No 10. Name and Address of New Registered Agent
RF/	ASLEY, RANI S		8	1 Name	
7100 SW SPRINGHAVEN AVE				• •	(1) (2) (2) (3) (4) (4) (4) (4)
	ANTOWN FL 34956]6	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)
			Ē	3	
			-	4 03	an 7:- 0:-1-
			8	4 City	FL 85 Zip Code
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 Signature, typed or printed hanso of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12,		D DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITL		Change Addition
NAME	BEASLEY, RANI S	_	1.2 NAM	E	
STREET ADDRESS	7100 SW SPRINGHAVEN AV		1.3 STR	ET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL 34956		1.4 CITY	- ST - ZIP	
TITLE	D METOALE MATHEMAN E	DELETE	2.1 TITL		☐ Change ☐ Addition
NAME	METCALF, KATHERINE E 7100 SW SPRINGHAVEN AVI	=	2.2 NAM	-	• •
STREET ADDRESS	INDIANTOWN FL 34956	-		ET ADDRESS	
CITY-ST-ZIP	INDIANTOWN IL 54850	DELETE		r-ST-ZIP	Change Addition
TITLE		בן אננונ	3 1 TITLE 3.2 NAME		CT Ollando CT Vagillo
NAME etheet addoese				ET ADDRESS	
STREET ADDRESS				- \$1- ZIP	
CITY-ST-ZIP TITLE	·	☐ DELETE	4.1 TiTL		Change Addition
NAME			4. 2 NA		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	
TITLE		DELETE	5.1 TITL		☐ Change ☐ Addition
NAME			5.2 NAN	E	
STREET ADDRESS			5.3 STR	EET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
TITLE		L DELETE	6.1 TITL		Change Addition
NAME	£.		6.2 NAN		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP	partition that the information area is a	with this filing does not a relia.		-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or i	on this annual report or supplement	at annual report is true and ac eiver or trustee empowered to	curate and	that my siona	alfure shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in