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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000064372 (0)

RAINBOW LEGAL & MEDICAL SERVICES, INC.

Principal Plac	e of Business	Mailing Address		1 reportedt van voord doord dotter bevat onten ender house state dates dates dates of the state of the s	
23200 CAMINO DELMAR #707		23200 CAMINO DELMAR #	707		
BOCA RATOR	I FL 33433	BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE	
}				3. Date Incorporated or Qualified	
				07/25/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For	ᅥ
21		26		65-0790611 Not Applical	
t Suite Aot.	#, etc.	Suite, Apl. #, etc.		6. Certificate of Status Desired  \$8.75 Additional	
22		27		Fee Required	_
City & Stat	0	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28 Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	) <u> </u>	30	Personal Property Tax due June 30. Yes No	
	9, Name and Address of Cur			10. Name and Address of New Registered Agent	
ST	opczynski, gerald e		81 Name		
23200 CAMINO DELMAR #707			82 Street Add	dress (P.O. Box Number is Not Acceptable)	$\dashv$
ВО	CA RATON FL 33433			· · · · · · · · · · · · · · · · · · ·	
			63		ŀ
			84 City	FI 85 Zip Code	$\neg$
11 Purguant	to the provisions of Sections 607.6	F.02 and 607 1508 Florida Statute	s the above-named cor		
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.					
1	rn lamiliar with, and accept the or	ligations of, Section 607,0505, Flor	rida Statutes.		- 1
SIGNATURE	Signature typed or printed name of registered	agene and title if applicable [NOTE	Registered Agent signature requ	uired when reinstating) DATE	-
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\Box$
TITŁE	D OTODOTHUNIA OFFILE F	☐ DELETE	1.1 TITLE	Change Addit	ion
NAME	STOPCZYNSKI, GERALD E		1.2 NAME		
STREET AODRESS	23200 CAMINO DELMAR ( BOCA RATON FL 33433	101	1.3 STREET ADORESS		- {
CITY-ST-ZIP TITLE	BOOK NATUR FE 33433	DELETE	1.4 C/TY-ST-ZIP 21 TITLE	Change Addit	ion
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CITY-ST-ZIP			4.4 CITY-ST-ZIP		- {
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addit	ion
NAME			5.2 NAME	_ ;	
STREET ADDRESS			5.3 STREET ADDRESS		-
CITY-ST-ZIP			5.4 CITY - ST - ZIP		_
TITLE		☐ DELETE	6.1 TITLE	Change Additi	ion
NAME			6.2 NAME		Ì
STREET ADDRESS			6 3 STREET ADDRESS		

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

**FILED** 

Feb 25 1998 8:00am

Secretary of State