## FILE NOW: FILING FEE AFTER MAY 1ST IS S

**PROFIT CORPORATION** ANNUAL REPORT.

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

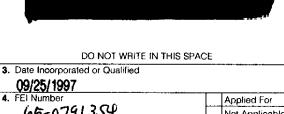
DOCUMENT #
1. Corporation Name

-RAINFOREST CREATIONS, INC. MORGAN'S FORFST, INC

Principal Place of Business

18196 DEEP PASSAGE LANE FORT MYERS BEACH FL 33931 18196 DEEP PASSAGE LANE FORT MYERS BEACH FL 33931

## FILED Apr 15 1998 8:00am Secretary of State



							09/25/1997			
Principal Place of Business			2a. Mailing Address			•	4. FEI Number		Applied For	
			26				65-0791354	ĺ	Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	29	Žip	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	S, EDWARD A				81	Name				
17274 SAN CARLOS BLVD. #202 FORT MYERS BEACH FL 33931				82	2 Street Address (P.O. Box Number is Not Acceptable)			<del></del>		
			83							
					84	City	F	85	Zip Code	

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, typind or printed name of registered agent and title if application (NOTE Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELE	TE 1.1 TITLE	Change Addition					
NAME	MCGUIGAN, MICHAEL B	1.2 NAME						
STREET ADDRESS	18196 DEEP PASSAGE LANE	1.3 STREET ADDRESS						
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	1.4 CITY-ST-ZIP						
TITLE	DELE	TE 21 TITLE	☐ Change ☐ Addition					
NAME		22 NAME						
STREET ADDRESS		23 STREET ADDRESS						
CITY-ST-ZIP		2. 4 CITY - ST - ZIP						
TITLE	☐ DELE	TE 3.1 TITLE	Change Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELE	TE 4.1 TITLE	Change Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY - ST - ZIP						
TITLE	☐ DELE	TE 5.1 TITLE	// Change Addition					
NAME		5.2 NAME	Zh ///r					
STREET ADDRESS		5.3 STREET ADDRESS	77 4//>					
CITY-ST-ZIP		5.4 CITY - ST - ZIP						
TITLE	DELE	TE 6.1 TATLE	SULULA 4 SEE Diange Addition					
NAME		6.2 NAME	-04/15/9801026033					
STREET ADDRESS		6.3 STREET AODRESS	***150.00					

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 on 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 off an attribute that my name address.