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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000097460

RAINBOW INSURANCE GROUP, SERVICES, INC.

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Principal Place of Business Mailing Address								
1845 SOUTH S	TATE RD	1845 SOUTH STATE RD 7			•			
FT. LAUDERDALE FL 33317 FT.LAUDERDALE FL 33317					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
	•	• •			11/14/1997	•	ļ	
		O. Malling Address	-		4. FEI Number		Applied For	
2. Principal P	Place of Business	2a. Mailing Address				\vdash	Not Applicable	
21		26			65-0794759	. 60-	75 Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		e Required	
22		27			· · · · · · · · · · · · · · · · · · ·			
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 M		UU May Be		
23 28			Country		Trust Fund Contribution		and to rees	
Zip				try	8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax			
24	25		30		Personal Property Tax.			
<u> </u>	9. Name and Address of Cur			M N	10. Name and Address of New Registe	erea Agent		
A 41 1A			8	31 Name		,		
MUNGAL, KEITH			82 Street Add		dress (P.O. Box Number is Not Acceptable)			
1845 SOUTH STATE RD 7					متاهد والمعالي والمراجع والمراجع والمراجع المراجع المر	14 · / 4 1777 ·	ALLES OF MALES AND A LANGE AND	
FI.	Lauderdale FL 33317		8	33			西斯姆斯	
	· .			34 City	1 2 35 A 25 5 5 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	85	Zip Code	
•		•	1		•	FL	•	
11 Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the abo	ve-named co	rporation submits this statement for the purpor	se of changin	g its registered	
office or	registered agent, or both, in the St	tate of Florida. Such change was au	ithorized b	by the corpora	rporation submits this statement for the purpor tion's board of directors. I hereby accept the a	appointment a	as registered	
এ agent. I a	am tamiliar with, and arcept the of	- Levid	da Siajuli	-	1.1	9.99		
SIGNATURE	Signature; types or printed name of registered	d agent and title if applicable. (NOTE:	Registered As	cent signature requi	ired when reinstating): DAT	9-99		
12.		S AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	E	50.5 4. 6056	☐ Cha	inge Addition	
NAME	MUNGAL, KEITH		1.2 NAM	E		٠,		
	AND OFFICE AND		13 STR	EET ADDRESS		•	•	
STREET ADDRESS	FT. LAUDERDALE FL 33312)		-ST-ZIP			•	
CITY-ST-ZIP	VD		_					
गा∟É	'-		2 1 TITI (☐ Cha	inge Addition	
NAME	RAMJATTANSINGH, WAYNE					Cha	inge Addition	
STREET ADDRESS	AGO OFMINIOLE AVE	☐ DELETE	2.1 TITLE 2.2 NAM	Œ		☐ Cha	inge Addition	
	320 SEMINOLE AVE	Ē	2.2 NAM 2.3 STRI	EET ADDRESS		☐ Cha	inge Addition	
CITY-ST-ZIP	320 SEMINOLE AVE FT. LAUDERDALE FL 33312	E 2 (*) (*) (*)	2.2 NAM 2.3 STRI 2.4 CITY	EET ADDRESS Y+ST-ZIP		· .	· .	
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	FT. LAUDERDALE FL 33312	E 2 (*) (*) (*)	2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU	EET ADDRESS Y-ST-ZIP E		· .	· .	
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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 upplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplem officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90038 010 ***150.00