

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 # **S47398**

(0)

1. Corporation Name

RAINBOW DESIGNS, INC.

Principal Place of Business

**733 22ND STREET
VERO BEACH FL 32900
US**

Mailing Address

**733 22ND STREET
VERO BEACH FL 32960
US**

2. Principal Place of Business

21 State, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**POLK, WILLIAM D
733 22ND ST
SUITE 209 #6
VERO BEACH FL 32960**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 197.04(2) and 607.15(6), 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 and familiar with and accept the filing of, Section 607.05(6), Florida Statutes.

SIGNATURE

Signature of the person in charge of the corporation's affairs

(If not, the Registered Agent's signature required when not filing)

DATE

12.

OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, STATE, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, STATE, ZIP
20. TITLE

**PD
POLK, WILLIAM D.
170 15 AVE
VERO BEACH FL
S
POLK, PATRICIA E
170 15TH AVE
VERO BEACH FL**

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. NAME
12. NAME
13. STREET ADDRESS
14. CITY, STATE, ZIP
15. TITLE
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. TITLE
20. NAME
21. STREET ADDRESS
22. CITY, STATE, ZIP
23. TITLE
24. NAME
25. STREET ADDRESS
26. CITY, STATE, ZIP
27. TITLE
28. NAME
29. STREET ADDRESS
30. CITY, STATE, ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), Florida Statutes. I further certify that the information included 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 treasurer 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 in a letter filed with an address.

SIGNATURE

8/15/98

CR2E034 (10/97)