

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 9:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Horstman
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S53425** (2)
 1. Corporation Name
RAIN SHIELD SYSTEMS, INC.

Principal Place of Business: **400 WEST CENTRAL BLVD
CAPE CANAVERAL FL 32920**
 Mailing Address: **400 WEST CENTRAL BLVD
CAPE CANAVERAL FL 32920**

2. Principal Place of Business: 21
 2a. Mailing Address: 26
 22. Suite, Apt #, etc. 27
 City & State: 23
 28
 Zip: 24
 Country: 25
 Zip: 29
 Country: 30

3. Date Incorporated or Qualified: **05/17/1991**
 3a. Date of Last Report: **04/25/1994**
 4. FEI Number: **59-3138263**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**EMORY, J.E.
400 W. CENTRAL BLVD
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent
 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 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PS	EMORY, J.E. 400 W. CENTRAL BLVD CAPE CANAVERAL FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		1.2 NAME:	
STREET ADDRESS:		1.3 STREET ADDRESS:	
CITY, ST, ZIP:		1.4 CITY, ST, ZIP:	
TITLE: ↑	HRADESKY, E.L. 400 W. CENTRAL BLVD CAPE CANAVERAL FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	400001504174
CITY, ST, ZIP:		2.4 CITY, ST, ZIP:	-06/02/95--01016--005
TITLE:		3.1 TITLE:	****208.75 ****208.75
NAME:		3.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY, ST, ZIP:		3.4 CITY, ST, ZIP:	
TITLE:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY, ST, ZIP:		4.4 CITY, ST, ZIP:	
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	5-11-95 MSJ
CITY, ST, ZIP:		5.4 CITY, ST, ZIP:	
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY, ST, ZIP:		6.4 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 07(3)(b), 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.

SIGNATURE: **JAMES E. EMORY** DATE: **5-1-95** TELEPHONE: **407-783-0198**