

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

APPROVED AND FILED

95 MAY 15 11:09:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S64705 (4)**

1. Corporation Name
RAINBOW PURE DRINKING WATER SYSTEMS, INC.

Principal Place of Business: **6005 NORTH WICKHAM SUITE H-29 MELBOURNE FL 32941 US**
Mailing Address: **POST OFFICE BOX 410006 MELBOURNE FL 32941 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/02/1991**
3a. Date of Last Report: **07/26/1994**

4. FIC Number: **95-3071141**
Adjust For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. Does corporation have any, or any class of, securities registered with the Florida Statute: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

State and Zip Code: **22**
State and Zip Code: **27**

City and State: **23**
City and State: **28**

24, 25, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICHOLSON, CARL
4401 VINELAND RD
S-A-6
ORLANDO FL 32811**
**P.O. Box 410606
Melbourne FL 32941-0606**

81 Name:
82 Street Address: P.O. Box Number is Not Applicable
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0105 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. Carl Nicholson, and accept the provisions of Sections 607.0105, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Type or Print Name)

Signature of New Registered Agent (Type or Print Name)

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12. OFFICERS AND DIRECTORS

OFFICER	D
NAME	NICHOLSON, CARL
STREET ADDRESS	1285 AMBRA DRIVE
CITY AND STATE	MELBOURNE FL
OFFICER	D
NAME	NICHOLSON, LINDA
STREET ADDRESS	1285 AMBRA DRIVE
CITY AND STATE	MELBOURNE FL
NAME	
STREET ADDRESS	
CITY AND STATE	
NAME	
STREET ADDRESS	
CITY AND STATE	
NAME	
STREET ADDRESS	
CITY AND STATE	

13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS

OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY AND STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY AND STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY AND STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY AND STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in Sections 607.0105, Florida Statutes. I further certify that the information is to be used for this annual report or supplemental annual report in this and all future years and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the former or prospective registered agent of this corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or is an alias thereof with an address.

SIGNATURE: *Carl Nicholson* **CARL NICHOLSON**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5-10-95 2422543 (45)