FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUL 10 AM 11: 55 DOCUMENT # 5 75/67 SECRETARY OF STATE TALLAHASSEF I LORIDA Rain bow Gutte 15 & Siding, Inc. Principal Place of Business Mailing Address Boca Rator, F/ 33487 3a. Date of Last Report 3. Date incorporated or Qualified 22/91 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0278084 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🗌 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Denice Mikhail 22290 Woodspring Or. Boca Raton, Fl 33428 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1,1 TITLE President Denice Mikhail NAME 12 NAME 900002236659--6810 E. Roge is Circle STREET ADDRESS 1.3 STREET ADDRESS ****558 1.4 CITY-ST-ZIP CITY-ST-ZIP *****258 Vice President DÉLETE Change Addition TITLE 2.1 TITLE Mark LuHenberger NAME 22 NAME 6810 E. Rugers Circle STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP Acca faton. 2. 4 CITY-ST-ZIP Change ☐ DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ากป DELETE Change 5.1 TITLE NAM 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I do 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 of supplemental annual port is true and accurate and that my signature shall have the same legal effect as if made underloan; I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 12 or Block 12 or Block 13 or Block 14 or Block 14 or Block 15 or Mark Lutter berger, K.T. 6-25-97