SECOND MOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE RANG: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT

1995

SIGNATURE



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # F41016 (9) 1. Corporation Name RAINBOW PRINTING, INC.										95 JUN 00 - 1M II +	!2			
Dissipal Plans	of Duciones				failing Address				\dashv					
ALC INITIAL TO PROPERTY.														i
C/O JOHN H. THOMAS 1627 S FEDERAL HWY 1627 S FEDERAL HWY										DO NOT WRITE IN THIS SPACE.				
BOYNTON BEACH FL 33435-3953					BOYNTON BEACH FL 33435-3953				-	3. Date incorporated or Qualified	•			1
								\perp	08/19/1981	06/	<u>04/1994 </u>		1	
2. Principal Pla	ce of Busin	ess		ļ	2a. Mailing Address				- ·	4. FEI Number 59-2127501		_ ·	oplied For ot Applicable	-
21					Suite, Apt. #, etc.								Additional	1
Suite, Apt. #	, etc.			27	-					5. Certificate of Status Desired		• -	equired	
City & State					City & State					6. Election Campaign Financing \$5.00 May Be				
23					28				\perp	Trust Fund Contribution			to Fees	-
→ ^{Zp}	 3			-	<u>├</u>			óuniti y		6. This curporation has liability for intangible tex under s. 199.032. Florida Statutes Yes You				
24	25 9. Name and Address of Curren			rent Real	stered Agent					0. Name and Address of New R		Agent		1
	una r	00.00				81	Name			-				
THOMAS, JOHN H.								Street Addr	ress	P.O. Box Number is Not Acceptab	le)			1
1827 S FEDERAL HWY										· 				Į
BOYNTON BEACH FL 33435														
							84	City			FL	85 Zip	Code	
44 Distributed to	the provise	one of	Sections 607 05	502 and 6	07 1508 Florida Statute	s, the abo	ve-r	named corpor	ration	submits this statement for the pur	pose of cha	inging its rec	gistered office	i
or registers	vianant or	both i	n the State of Fi	londa Sur	ch change was authoriz 7.0505, Florida Statutes	ea av une o	corp	oration's boa	ard of	directors. I hereby accept the appoint	as tnemtnic	registered a	gent. I am	
	n, and acce	рина	Joiganois or, S	OCHOI OC	, othor, i knied didiolog	•								
SIGNATURE _	Signature, typind	or printe	rame of registered a				Ager	nt signature require	oci who		DATE	DIDECTOR)C (N. 12)	먑
12.	DI ID	OFFICERS A	CTORS	13.	ITI F			ADDITIONS CHANGES TO OFF	ICERS AND	Change	Addition	CR2E034 (3/95)		
TITLE NAME	PVP Thomas	: IN	IN H		121									1×
STREET ADDRESS	10699 C				L			ADDRESS						贸
CITY-ST-ZIP	BOYNTO				140			ST - ZIP					114100	기送
TITLE	ST				211		21 TITLE					Change	Addition	١
NAME	THOMAS				221									
STREFT ADDRESS	S 10699 CAMBAY DR. BOYNTON BEACH FL							2.3 STREET ADDRESS						
CITY-ST-ZIP	BOYNIC	IN RE	AUH FL					2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition	1
TITLE NAME						32 N								
STREET ADDRESS						33 9	STREE	T ADDRESS						
CITY-ST ZIP								ST - ZIP				1"10	AZZZONE	4
TITLE						411						Change	Addition	
NAME						421								
STREET ADDRESS	ŀ							T ADDRESS						
CHY-ST-ZIP TITLE						511		S1 · ZIP				Change	Addition	1
RASAE	1					521								
STREET ADDRESS						539	TREE	T ADDRESS						
CITY-ST ZIP	<u> </u>							51 - ZIP				1 (6)	Addis-	4
TITLE						611						Change	Addition	
NAME	1						KAME							
STREET ADDRESS								1 ADDRESS						
City St-ZiP	y codify the	d the in	formation suppl	od with th	nia filing la voluntarily turi	olehed end	l do	st-zir os not qualify	for II	no exemption stated in Section 119	.07(3)(k), Fk	vida Statuto	s. I further	1
cortify that	t the inform	ution in	dicated on this i	annual rop	port or <u>supplemental</u> biver of the receiver or truste attachment with an add	nagi reperi Manmoniwi	ls tr prod	ruo and accur I to execute (f	rato d his ro	and that my signature shall have the port as required by Chapter 607, F	eame legal lorida Statul	effect as if items; and that	made under I my name	

BIONALIMAND TYPED ON PRINTED HAME OF BIONING OFFICER ON DIRECTOR

(407) 364-9000