

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

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**



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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

**DOCUMENT # F41016 (9)**

1. Corporation Name  
**RAINBOW PRINTING, INC.**



Principal Place of Business  
**C/O JOHN H. THOMAS  
1627 S FEDERAL HWY  
BOYNTON BEACH FL 33435-3953**

Mailing Address  
**C/O JOHN H. THOMAS  
1627 S FEDERAL HWY  
BOYNTON BEACH FL 33435-6953**

3. Date Incorporated or Qualified **08/19/1981** 3a. Date of Last Report **06/14/1996**

2. Principal Place of Business 21 [ ] 2a. Mailing Address 26 [ ]

4. FEI Number **59-2127501** Applied For [ ] Not Applicable [ ]

22 [ ] Suite, Apt. #, etc. 27 [ ] Suite, Apt. #, etc.

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

23 [ ] City & State 28 [ ] City & State

6. Election Campaign Financing Trust Fund Contribution [ ] **\$5.00 May Be Added to Fees**

24 [ ] Zip 25 [ ] Country 29 [ ] Zip 30 [ ] Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [x] No

9. Name and Address of Current Registered Agent  
**THOMAS, JOHN H.  
1627 S FEDERAL HWY  
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent  
81 Name [ ]  
82 Street Address (P.O. Box Number is Not Acceptable) [ ]  
83 [ ]  
84 City [ ] 85 Zip Code [ ] **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PVP</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, JOHN H.</b>	
STREET ADDRESS	<b>10699 CAMBAY DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, MARYANNE</b>	
STREET ADDRESS	<b>10699 CAMBAY DR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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: \_\_\_\_\_ **JOHN H. THOMAS** 1/6/97 561-364-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)