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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F41016

(9)

RAINBOW PRINTING, INC.

FILED
Jan 15 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address				DO NOT WRITE IN THIS SPACE			
C/O JOHN H. THOMAS 1627 S FEDERAL HWY BOYNTON BEACH FL 33435-3953		C/O JOHN H. THOMAS 1627 S FEDERAL HWY BOYNTON BEACH FL 33435-3953							
COMMON DE	AUT 11 00400 0000	BOTHION DENOT	16 00103 0000			3. Date Incorporated or Qualific 08/19/1981	d		
2. Principal P	ace of Business	2a. Mailing Addres	is .			4. FEI Number		TA	polied For
21		26			59-2127501 Not Applicab			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27				J. Certificate of Status Desired		Fee R	equired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23	28					Trust Fund Contribution	<u>L</u>	Added	to Fees
Zip	Country	Ζφ	\vdash	Country		8. This corporation owes or has			
24	25	29	30	,		Personal Property Tax due Ju 10. Name and Address of New			<u>V</u> Mo
	9. Name and Address of Curr	rent Hegistered Agent		B1	Name	10. Name and Address of New	Registered	Agent	
	OMAS, JOHN H.		of Name						
	27 S FEDERAL HWY		82 Street Ad			ddress (P.O. Box Number is Not Accep	table)		
BO	YNTON BEACH FL 33435			63					
				0.5					
				84	City		EI	85 Zip	Code
44 Qureyant	to the provisions of Spetions 607.0	4.00 and 607 1608 Hazida	Statutes the a	bour	named c	orporation submits this statement for th	L DUINOSO	- L. L.	de rogistorod
office or r	epistered agent, or both, in the Sta	ste of Florida. Such change	e was authorize	ed by	z the corpo	ration's board of directors. I hereby ac	cept the ap	pointment as	s registered
agent. La	m familiar with, and accept the ob	ligations of, Section 607.05	ous, Fiorida Sta	itutes	3.				
SIGNATURE	Signature, typed or printed name of registered	asient and bite it goods which	(NOTE Registers	d Agr	ent signature re	quired when reinstating)	DATI		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PVP	☐ DELE	TE 1.1 1	ITLE				Change	Addition
NAME	THOMAS, JOHN H.		1.2						
STREET ADDRESS	10699 CAMBAY DRIVE		1.3 \$1		ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 0		ST - ZIP]
TITLE	\$T	☐ DELE	DELETE 2.1 TO					Change	Addition
NAME	THOMAS, MARYANNE		2.2 N	IAME					
STREET ADDRESS	10699 CAMBAY DR.		2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		2.40	011Y-9	S1 - 71P				
TITLE		L. DELE	TE 3.1 T	HLF				Change	Addition
NAME			3.2 N	IAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					S1-ZIP				
TITLE		☐ DLt F						Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		D DELG			T-ZIP			Change	- Addition
TITLE		DELE						← change	☐ Addition
NAME			5.2 N		1000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DILLE		HY-S	1-ZIP			Change	Addition
TITLE		בן טוני						ا virange	L AGRICOII
NAME			6.2 N		1DDDCCC				
STREET ADDRESS					ADORESS				
CITY-ST-ZIP			■ 64C	HY-S	I - ZIP	7 0 10 10 00 00 EL CL 0		tura turtu tir	

It 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.

Italas ELIZAHAN