

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:56

DOCUMENT # F51160 (2)

1. Corporation Name
RAINBOW RINKS, INC.

Principal Place of Business Mailing Address
1125 W. JEFFERSON ST. 1125 W. JEFFERSON ST.
BROOKSVILLE FL 34601 BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		10/27/1981	04/13/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number	Applied For
				59-2135198	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
24. Country		29. Country		B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORRIS, PAMELA 12037 S. ISTACHATTA FLORAL CITY FL 34436				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	1.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1.2 NAME						
STREET ADDRESS	1.3 STREET ADDRESS						
CITY- ST- ZIP	1.4 CITY- ST- ZIP						
TITLE	2.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2.2 NAME						
STREET ADDRESS	2.3 STREET ADDRESS						
CITY- ST- ZIP	2.4 CITY- ST- ZIP						
TITLE	3.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3.2 NAME						
STREET ADDRESS	3.3 STREET ADDRESS						
CITY- ST- ZIP	3.4 CITY- ST- ZIP						
TITLE	4.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4.2 NAME						
STREET ADDRESS	4.3 STREET ADDRESS						
CITY- ST- ZIP	4.4 CITY- ST- ZIP						
TITLE	5.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME						
STREET ADDRESS	5.3 STREET ADDRESS						
CITY- ST- ZIP	5.4 CITY- ST- ZIP						
TITLE	6.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME						
STREET ADDRESS	6.3 STREET ADDRESS						
CITY- ST- ZIP	6.4 CITY- ST- ZIP						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Pamela Morris VP 1-10-95 904 9960040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Area #)