

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **A29074**
1. Corporation Name

RAINBOW ACRES DEVELOPMENT CORPORATION

Principal Place of Business: 149 Brock Street, Thamesford, Ontario, NOM 2M0
Mailing Address: 149 Brock Street, Thamesford, Ontario, NOM 2M0

3. Date Incorporated or Qualified: 11/05/1984
3a. Date of Last Report: 05/01/95
4. FEI Number: 59-2659779
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: 25. Country:
26. Mailing Address:
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

Oswald, Douglas H.
21 Northeast First Avenue
Ocala, Florida 34470

10. Name and Address of New Registered Agent

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: _____ DATE: _____
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	Braley, Gary E.	
STREET ADDRESS	149 Brock Street	
CITY-ST-ZIP	Thamesford, Ontario NOM 2M0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Leroux, George D.	
STREET ADDRESS	149 Brock Street	
CITY-ST-ZIP	Thamesford, Ontario NOM 2M0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Rogers, R.F.	
STREET ADDRESS	P.O. Box 4	
CITY-ST-ZIP	Thamesford, Ontario NOM 2M0	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	Duley, Constance	
STREET ADDRESS	P.O. Box 802	
CITY-ST-ZIP	Dunnellon, Florida 34430	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	Koebel, E. Jane	
STREET ADDRESS	149 Brock Street	
CITY-ST-ZIP	Thamesford, Ontario NOM 2M0	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	Brillon, Michel G.	
STREET ADDRESS	149 Brock Street	
CITY-ST-ZIP	Thamesford, Ontario NOM 2M0	

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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rogers, R.F.
3.3 STREET ADDRESS	11990 South William Street
3.4 CITY-ST-ZIP	DUNNELLO, FLORIDA 34430
4.1 TITLE	P.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Duley, Constance
4.3 STREET ADDRESS	11574 KENNESAW RD.
4.4 CITY-ST-ZIP	DUNNELLO, FLORIDA 34431
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	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 119.07(3)(k), 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: Gary E. Braley Date: April 24, 1996 Daytime Phone #: (519) 285-3940

CR2E034 (12/95)