

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H29074 (2)
 1. Corporation Name
RAINBOW ACRES DEVELOPMENT CORPORATION



Principal Place of Business 149 BROCK STREET P.O. BOX 100 THAMESFORD, ONTARIO, CANADA N0M2M-0	Mailing Address 149 BROCK STREET P.O. BOX 100 THAMESFORD, ONTARIO, CANADA N0M2M-0
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 11/05/1984	4. FEI Number 59-2659779	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23 Zip	28 Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country	29 Country				

9. Name and Address of Current Registered Agent OSWALD, DOUGLAS H. 21 N.E. 1ST AVE. Ocala FL 32670	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, ROBERT F.	1.2 NAME	
STREET ADDRESS	11990 SOUTH WILLIAM STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALEY, G. E.	2.2 NAME	
STREET ADDRESS	149 BROCK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD ON	2.4 CITY-ST-ZIP	
TITLE	PO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULEY, CONSTANCE	3.2 NAME	
STREET ADDRESS	11574 KENNESAW RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34431	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEROUX, G.D.	4.2 NAME	
STREET ADDRESS	149 BROCK STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD ON	4.4 CITY-ST-ZIP	
TITLE	SO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEBEL, E. JANE	5.2 NAME	
STREET ADDRESS	149 BROCK STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD, ONTARIO, CANADA N0M2M-0	5.4 CITY-ST-ZIP	
TITLE	TO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILLON, MICHEL G	6.2 NAME	
STREET ADDRESS	149 BROCK STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD, ONTARIO, CANADA N0M2M-0	6.4 CITY-ST-ZIP	

14. I 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 submit 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.

CR2E034 (10/97)