

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

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Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K44793 (3)
1. Corporation Name
RAINBOW PLUMBING OF CENTRAL FLORIDA, INC.



Principal Place of Business 9660 HIBISCUS AVE. SEBASTIAN FL 32976	Mailing Address 9660 HIBISCUS AVE. SEBASTIAN FL 32976-3020
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3. Date Incorporated or Qualified 11/10/1988	3a. Date of Last Report 08/13/1996
4. FEI Number 65-0085257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 952 Lyons Circle	2a. Mailing Address 26 952 Lyons Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 NW, Palm Bay Florida	27 City & State 28 NW, Palm Bay FL
24 Zip 32907	25 Country Brevard
29 Zip 32907	30 Country Brevard

9. Name and Address of Current Registered Agent PALUMBO, THEODORE F. 9660 HIBISCUS AVE. SEBASTIAN FL 32976	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
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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PT PALUMBO, THEODORE F.	<input type="checkbox"/>
NAME	PALUMBO, THEODORE F.	
STREET ADDRESS	9660 HIBISCUS AVE.	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE	VS PALUMBO, THEODORE F.	<input checked="" type="checkbox"/>
NAME	PALUMBO, THEODORE F.	
STREET ADDRESS	9660 HIBISCUS AVENUE	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE	VS MARTINEZ, CAROLYN J.	<input type="checkbox"/>
NAME	MARTINEZ, CAROLYN J.	
STREET ADDRESS	952 LYONS CIR.	
CITY - ST - ZIP	N.W. PALM BAY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	VS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	MARTINEZ, CAROLYN J.		
2.3 STREET ADDRESS	952 LYON CIRCLE		
2.4 CITY - ST - ZIP	NW, Palm Bay, FL 32907		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(l), 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: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E034 (9/96)