

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gilda B. Mortman
Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
95 FEB 15 PM 2:55 95 FEB 16 PM 2:55

DOCUMENT # F93000001109 (8)

1. Corporation Name
TAP ENTERPRISES, INC.

Principal Place of Business
10702 SO. 144TH ST.
OMAHA NE 68138

Market Address
10702 SO. 144TH ST.
OMAHA NE 68138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 325 N. Mur-ken Rd.
22 City & State: Olathe Kansas
23 Zip: 66062 Country: Johnson

2a. Mailing Address
25 325 N. Mur-ken Rd.
26 City & State: Olathe Kansas
27 Zip: 66062 Country: Johnson

3. Date of Incorporation: 03/01/1993
3a. Date of Last Report: 04/20/1994
4. FEI Number: 47-0716630
5. Certificate of Status Depled: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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: *Prentice Hall Corporation* Feb 2, 1995

12. OFFICERS AND DIRECTORS

TITLE	DCPS
NAME	CUMMINS, BOB
STREET ADDRESS	530 LAKEHURST DR.
CITY, ST, ZIP	WATERLOO NE 68069
TITLE	VCT
NAME	CUMMINS, BOB
STREET ADDRESS	530 LAKEHURST DR.
CITY, ST, ZIP	WATERLOO NE 68069
TITLE	VP
NAME	CUMMINS, BOB
STREET ADDRESS	530 LAKEHURST DR.
CITY, ST, ZIP	WATERLOO NE 68069

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DCPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Cummins, Bob	
13 STREET ADDRESS	10456 West 150th	
14 CITY, ST, ZIP	Overland Park, KS 66221	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Same as above	
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Same as above	
33 STREET ADDRESS		
34 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the reasons stated in Section 199.032, Florida Statutes. I further certify that the information is also for the filing of report or supplement, if annual report, if true and accurate, and that my report is not for the reasons stated in Section 199.032, Florida Statutes. I do hereby certify that I am an officer or director of the corporation or the registered office of the corporation, or both, and that my name appears in Block 12 or Block 13 of this report, or on an attachment, with an address.

SIGNATURE: *Bob Cummins*
DO NOT WRITE AND TYPE THE PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

Feb. 2, 1995 9137643099