

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 # **F93000001109 (8)**

1. Corporation Name

TAP ENTERPRISES, INC.



Principal Place of Business

Mailing Address

325 N. MURLEN RD
OLATHE KS 66062
US

325 N. MURLEN RD
OLATHE OK 66062
US

3. Date Incorporated or Qualified
03/01/1993

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of the person designated as the Registered Agent

Signature, typed or printed name of the person designated as the Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|-------------------|---------------------------------|
| TITLE | DCPS | <input type="checkbox"/> DELETE |
| NAME | CUMMINS, BOB | |
| STREET ADDRESS | 10456 W 150 ST | |
| CITY - ST - ZIP | OVERLAND PARK KS | |
| TITLE | VPCT | <input type="checkbox"/> DELETE |
| NAME | CUMMINS, BOB | |
| STREET ADDRESS | 10456 WEST 150 ST | |
| CITY - ST - ZIP | OVERLAND PARK KS | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|---------------------|--------------|---|
| 1. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | Cummins, Bob | |
| 3. STREET ADDRESS | | |
| 4. CITY - ST - ZIP | | |
| 5. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY - ST - ZIP | | |
| 9. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY - ST - ZIP | | |
| 13. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY - ST - ZIP | | |
| 17. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | | |
| 19. STREET ADDRESS | | |
| 20. 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

913-764-3299

CR2E034 (12/95)