

5-7-98 B6743 C

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

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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000082421 (3)
1. Corporation Name
RAPID SYSTEMS, INC.



Principal Place of Business: C/O DANIEL H. SELTZER, 1515-B W HILLSBOROUGH AVE, TAMPA FL 33603
Mailing Address: C/O DANIEL H. SELTZER, 1515-B W HILLSBOROUGH AVE, TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1997	
21		26		4. FEI Number 59-3473734	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. 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	
Country		Country			

9. Name and Address of Current Registered Agent
BACHARACH, N. ALBERT JR
1515-B W HILLSBOROUGH AVE
TAMPA FL 33603

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JURMAN, DUSTIN			12 NAME			
STREET ADDRESS	11303 CALGARY CIRCLE			13 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			14 CITY-ST-ZIP			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SELTZER, TERESA C			22 NAME			
STREET ADDRESS	703 CHANCELLAR DRIVE			23 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33549			24 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JURMAN, DENISE			32 NAME			
STREET ADDRESS	11303 CALGARY CIRCLE			33 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			34 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SELTZER, DANIEL H			42 NAME			
STREET ADDRESS	703 CHANCELLAR DRIVE			43 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33549			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 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: Denise Jurman Denise Jurman 5/29/98 813 232 4887

CR2E034 (10/97)