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 # **467808** **(2)**

1. Corporation Name

RAPCOR, INC.

Principal Place of Business	Mailing Address
~~7751 WEST SAMPLE ROAD~~ CORAL SPRINGS FL 33065	~~2312 NE 27TH ST~~ ~~LIGHT HOUSE PT FL 33064~~ US

2. Principal Place of Business	2a. Mailing Address
21 9155 N.W 52 CT	26 9155 N.W 52 CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 CORAL SPRINGS FLA	28 CORAL SPRINGS FLA
24 Zip 33065 / 25 Country	29 Zip 33065 / 30 Country USA

3. Date Incorporated or Qualified: 12/09/1974
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-1563002 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAPP, ROBERT A
~~2312 NE 27TH ST~~
~~LIGHTHOUSE POINT FL 33064~~
9155 NW 52 CT
CORAL SPRINGS FLA
33065

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed/delivered)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAPP, ROBERT R		1.2 NAME		
STREET ADDRESS	~~7751 WEST SAMPLE ROAD~~		1.3 STREET ADDRESS	9155 N.W 52 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAPP, ROBERT A		2.2 NAME		
STREET ADDRESS	~~7751 WEST SAMPLE ROAD~~		2.3 STREET ADDRESS	9155 NW 52 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PAPP, EILEEN L		3.2 NAME		
STREET ADDRESS	~~7751 WEST SAMPLE ROAD~~		3.3 STREET ADDRESS	9155 NW 52 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PAPP, JAMES T		4.2 NAME		
STREET ADDRESS	~~7751 WEST SAMPLE ROAD~~		4.3 STREET ADDRESS	9155 NW 52 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(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: _____ ROBERT A. PAPP 3-12-96 954-755-2391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)