

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 595556 (2)
1. Corporation Name

RAP ENTERPRISES, INC.

Principal Place of Business: % Maria Casanova, 121 Sunset Dr., Lake Placid, FL 33852
Mailing Address: % Maria Casanova, 121 Sunset Dr., Lake Placid, FL 33852

3. Date Incorporated or Qualified: 11/28/1978
3a. Date of Last Report: 04/23/1995
4. FEI Number: 59-1876262
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

CASANOVA, JOSE
121 Sunset Drive
Lake Placid, FL 33852

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 607.0007 and 607.1505, 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 registered agent and the applicant

Date (Required April 15th before required when registering)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	Casanova, Isabel	
STREET ADDRESS	121 Sunset Dr.	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	PD	<input type="checkbox"/>
NAME	Casanova, Jose	
STREET ADDRESS	121 Sunset Dr.	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	STD	<input type="checkbox"/>
NAME	Casanova, Maria	
STREET ADDRESS	121 Sunset Dr.	
CITY-ST-ZIP	Lake Placid, FL 33852	
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		DELETED
11 TITLE		<input type="checkbox"/>
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/>
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/>
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/>
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/>
52 NAME		
53 STREET ADDRESS	500001848645	
54 CITY-ST-ZIP	-06/03/96--01061--049	
61 TITLE		<input type="checkbox"/>
62 NAME		
63 STREET ADDRESS	***200.00	
64 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: Maria Casanova (Signature) 4/27/96 (Date)

CR2E034 (12/95)

Handwritten initials: S-J-96