


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006647 (9)

1. Corporation Name
RAPID ENTERPRISES OF NEVADA, INC.



Principal Place of Business 720 E. FLETCHER AVE #207 TAMPA FL 33612	Mailing Address 720 E. FLETCHER AVE #207 TAMPA FL 33612-2603
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2. Principal Place of Business 21 5394 HOFFNER AVE Suite, Apt. #, etc. 22 SUITE # E City & State 23 ORLANDO, FL Zip 24 32812 Country 25 USA		2a. Mailing Address 26 5394 HOFFNER AVE. Suite, Apt. #, etc. 27 SUITE # E City & State 28 ORLANDO, FL Zip 29 32812 Country 30 USA		3. Date Incorporated or Qualified 12/19/1996	3a. Date of Last Report
		4. FEI Number 88-0326244		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MEHERG, ROBERT 720 E. FLETCHER AVE #207 TAMPA FL 33612		10. Name and Address of New Registered Agent 81 Name CRAIG C. JOHNSON 82 Street Address (P.O. Box Number is Not Acceptable) 5711 KINGFISH DR. 83 No. G 84 City Lutz FL 85 Zip Code 33549	
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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 *Craig C. Johnson* *CRAIG C. JOHNSON* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BRET	1.2 NAME	
STREET ADDRESS	1428 GRANADA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANDY UT 84093	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LARRY	2.2 NAME	
STREET ADDRESS	9716 CHYLENE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANDY UT 84093	2.4 CITY-ST-ZIP	
TITLE	VCST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELSON, TED	3.2 NAME	
STREET ADDRESS	5439 S. 3570 W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BENNION UT 84118	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Ted Michaelson* **REQUIRED** 4/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007407

CR2E034 (9/96)