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 # **H93366** **(3)**

1. Corporation Name

RAPID SERVICES, INC.

Principal Place of Business

**21130 NE 18TH CT.
N.MIAMI BCH. FL 33179**

Mailing Address

**21130 NE 18TH CT.
N.MIAMI BCH. FL 33179**

3. Date Incorporated or Qualified **01/08/1986**	**3a.** Date of Last Report **04/14/1995**

4. FEI Number **59-2630170** — Applied For / Not Applicable

2. Principal Place of Business
21 |
Suite, Apt. #, etc. 22 |
City & State 23 |
Zip 24 | Country 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc. 27 |
City & State 28 |
Zip 29 | Country 30 |

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

* ZUCARELLI,RICHARD M.
21130 NE 18 CT
N.MIAMI BCH. FL 33179

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

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **C**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **ZUCARELLI,RICHARD M.**		1.2 NAME		
STREET ADDRESS **21130 NE 18 CT**		1.3 STREET ADDRESS		
CITY-ST-ZIP **N.MIAMI BCH. FL**		1.4 CITY-ST-ZIP		
TITLE **T**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **ZUCARELLI, SHERYL M.**		2.2 NAME		
STREET ADDRESS **21130 NE 18 CT**		2.3 STREET ADDRESS		
CITY-ST-ZIP **N. MIAMI BCH. FL**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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		

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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: _____ Richard M. Zucarelli/Pres

4/8/96 (305)940-1401

CR2E034 (12/95)