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

**FILED** PROFIT Jan 27 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J00661 (5)RAPP DEVELOPMENT, INC. Principal Place of Business Mailing Address Suite 1-A % JOHN J. RAPP # 8 8 TATE TO 1, 100 4149 SW47 AVE 331 0. STATE NO. 7. 46E 4149 5W47 AVE DAVIE FL 33314 DO NOT WRITE IN THIS SPACE PLANTATION FL 33317 3. Date Incorporated or Qualified 02/24/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2640890 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAPP, JOHN J. 991 6. STATE AD. 7 4149 SW 47 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) Suite 1A PLANTATION FL 89917 DAVIE, FL. 33314 83 64 City 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. John J. Range President FICERS AND DIRECTORS 12. PD DELETE ☐ Change TITLE 1.1 TITLE NAME RAPP, JOHN J. 1.2 NAME 4149 SW 47 AVE SUITE 1-A 991 S. ST. RD. 7, #6-E STREET ADDRESS 1.3 STREET ADDRESS 33314 PLANTATION FL DAVIE, FL. 1.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME Rapp. Tom 2.2 NAME 2.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE 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 CHTY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 THLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1.20TLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 trusted 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.

A RECORDED TOLO T. Row 1/15/98 (954) 581-0370