


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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

FILED

98 OCT 20 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L24777 (9)

1. Corporation Name
MOPAR RULES, INC.

Principal Place of Business 11920 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411 US	Mailing Address 11920 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411 US
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11920 ORANGE GROVE BLVD.		2a. Mailing Address 26 11920 ORANGE GROVE BLVD.		3. Date Incorporated or Qualified 10/24/1989	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
23 City & State R.P.B. FLA.		28 City & State R.P.B. FLA.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33411		29 Country FLA.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 PALM BEACH		30 PALM BEACH		8. This corporation owes or has paid the current year Intangible Personal Property Tax due Juris 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent YAPEL, ROBERTO 11920 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411				10. Name and Address of New Registered Agent			
				81 Name YAPPELL			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	Robert YAPPELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAPPELL	1.2 NAME	PRES
STREET ADDRESS	11920 ORANGE GROVE BLVD.	1.3 STREET ADDRESS	100%
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	YAPPELL	2.2 NAME	200002672952--3
STREET ADDRESS	11920 ORANGE GROVE BLVD.	2.3 STREET ADDRESS	-10/26/98--01116--022
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	****408.75--****408.75
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	200002672952--3
STREET ADDRESS		4.3 STREET ADDRESS	-10/26/98--01116--023
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **REQUIRED** 71488

CR2E034 (10/97)