

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

FILED

**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M03418 (4)

1. Corporation Name:
RAPID PRODUCTS, INC.



Principal Place of Business: **20320 N.E. 16TH PLACE MIAMI FL 33178**
Mailing Address: **20320 N.E. 16TH PLACE MIAMI FL 33178-2706**

3. Date Incorporated or Qualified: **07/31/1984**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **59-2434082**
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: 24, 25, 29, 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NANKIN, WILLIAM
20320 N.E. 16TH PLACE
MIAMI FL 33179**

81 Name: **NANKIN, FRANK**
82 Street Address (P.O. Box Number is Not Acceptable): **20320 NE 16TH PLACE**
83 City: **MIAMI** FL 85 Zip Code: **33170**

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: *Frank Nankin* **FRANK NANKIN** DATE: **1/27/97**
Signature type of 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: DD PRES.	<input type="checkbox"/> DELETE
NAME: NANKIN, FRANK	
STREET ADDRESS: 16558 N.E. 26TH AVE.	
CITY - ST - ZIP: N. MIAMI BEACH FL	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: NANKIN, WILLIAM	
STREET ADDRESS: 5741 SW 15 ST.	
CITY - ST - ZIP: PLANTATION FL	
TITLE: ST	<input type="checkbox"/> DELETE
NAME: NANKIN, SELM	
STREET ADDRESS: 16558 NE 26TH AVE	
CITY - ST - ZIP: N MIAMI BEACH FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	

1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY - ST - ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY - ST - ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY - ST - ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY - ST - ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY - ST - ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
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: *Frank Nankin* **FRANK NANKIN** DATE: **1/27/97** 305-652-8456
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/96)