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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M96742

1. Corporation Name

RAPID REFUNDS U.S.A., INC.

| Principal Pla | ce of Business | | | | | | | | | |
|---|--|--|--|--|--|-----------------------|---------------------------------------|--------------|--|---|
| P. O. BOX 10 | | Mailing Address | | | | | | | | |
| BOCA RATON | | P. O. BOX 1047 BOCA RATON FL | 33429 | | | } | | | | |
| | | | . 50 125 | | | | DO NOT WRI | TE IN TH | IS SPACE | |
| | | | | | | 3. Date Incorpo | rated or Qualifed | | | |
| 2 Deinainal C | Place of Business | | | | | 08/31/198 | 8 | | | |
| — — | Place of business | 2a. Mailing Addr | ess | | | 4. FEI Number | | | A | pplied For |
| Suite, Apt. | # etc | 26 Suite Ant 4 | | | | 65-007157 | 79 | - | | lot Applicable |
| 22 | | 27 | Suite, Apt. #, etc. | | | 5. Certifcate of | Status Desired | | • | Additional Required |
| City & Sta | ite | City & State | | · | | 6. Election Cam | paign Financing | | \$5.00 | May Be |
| 23 Zin | | 28 | | | | Trust Fund C | ontribution | | | to Fees |
| Zip | Country | Zip . | F | Country | | 8. This corporati | on owes the cum | ent year Ir | ntangible | |
| 24 | 25 | 29 of Current Registered Agent | 30 | | | Personal Prop | | | Yes | □No |
| | 9. Name and Address C | il Current Registered Agent | | 81 | Name | 10. Name and A | ddress of New R | Registered | d Agent | |
| | ZER, NANCY A. | • | | | | | | | | |
| 610 | O GLADE ROAD | | | 82 | Street Addre | ss (P.O. Box Numb | er is Not Accepta | ible) | | |
| | TE 310 | | | 83 | | | Martin Maria | and the Care | Maria de la Compania del Compania de la Compania del Compania de la Compania de l | ALBERTAL AND THE |
| BOC | CA RATON FL 33434 | | | | | | | | 線換算 | |
| | | | | 84 | City | | * * * * * * * * * * * * * * * * * * * | <u> </u> | 85 Zip | Code |
| | | 607.0502 and 607.1508, Florid he State of Florida. Such change | | | | ration submits this s | tatement for the | purpose o | t changing it | registered |
| agent. ra | ım ramılıar witn, and accept tr | he obligations of, Section 607.0 | 505, Florida Si | tatutes. | | TO DOCATE OF GIFCOLOT | , | | | |
| agent. ra SIGNATURE | an tarrandi with, and accept () | e obligations of, Section 607.0 | 1305, Florida Si | siatutes. | | | | | | , |
| SIGNATURE | Signature, typed or printed name of reg | gistered agent and title if applicable. | (NOTE: Registe | ered Agent | | when reinstating) | | DATE | | · |
| SIGNATURE | Signature, typed or printed name of reg | pistered agent and title if applicable. DERS AND DIRECTORS | (NOTE: Registe | ered Agent | | when reinstating) | | DATE | ND DIRECT | ORS IN 12 |
| SIGNATURE | Signature, typed or printed name of reg OFFIC | gistered agent and title if applicable. | (NOTE: Registe | ered Agent 13. 1 TITLE | | when reinstating) | | DATE | | · |
| SIGNATURE 12. IITLE NAME | Signature, typed or printed name of reg OFFIC D MAZER, NANCY A. | pistered agent and title if applicable. DERS AND DIRECTORS | (NOTE: Registe (NOTE: Registe 1.1 1.2 | ered Agent 13. 1 TITLE 2 NAME | signature required | when reinstating) | | DATE | ND DIRECT | ORS IN 12 |
| SIGNATURE 12. IITLE NAME STREET ADDRESS | Signature, typed or printed name of reg OFFIC D MAZER, NANCY A. P.O. BOX 1047 N/A | pistered agent and title if applicable. DERS AND DIRECTORS | (NOTE: Registe 1.1.1.2.1.3 | ered Agent 13. 1 TITLE 2 NAME 3 STREET A | signature required | when reinstating) | | DATE | ND DIRECT | ORS IN 12 |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of reg OFFIC D MAZER, NANCY A. P.O. BOX 1047 N/A | pistered agent and title if applicable. DERS AND DIRECTORS | (NOTE: Registe (NOTE: Registe 1.1 1.2 1.3 1.4 LETE 2.1 | ered Agent 13. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST- 1 TITLE | signature required | when reinstating) | | DATE | ND DIRECT | ORS IN 12 |
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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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)