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May 02 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 # P93000076644 (2)

1. Corporation Name  
J. RAPONE, INC.



Principal Place of Business

330 SE 20TH AVE.  
#418  
DEERFIELD BEACH FL 33441

Mailing Address

330 SE 20TH AVE.  
#418  
DEERFIELD BEACH FL 33441-5180

3. Date Incorporated or Qualified  
10/28/1993

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business  
21 330 SE 20 AVE

2a. Mailing Address  
26 330 SE 20 AVE

4. FEI Number  
65-0444294  
Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 412

Suite, Apt. #, etc.  
27 412

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

City & State  
23 DEERFIELD BCH FL

City & State  
28 DEERFIELD BEACH FL

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

Zip  
24 33441

Country  
25 USA

Zip  
29 33441

Country  
30 USA

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

RAPONE, RICCARDO  
330 SE 20TH AVE.  
SUITE 213  
DEERFIELD BEACH FL 33441

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 RICCARDO RAPONE *Riccardo Rapone*  
Signature, typed or printed name of registered agent, and title if applicable

4/19/97  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME RAPONE, RICCARDO  
STREET ADDRESS 330 SE 20 AVE, SUITE 213  
CITY - ST - ZIP DEERFIELD BEACH FL  
☐ DELETE

1.1 TITLE DP  
1.2 NAME RAPONE RICCARDO  
1.3 STREET ADDRESS 330 SE 20 AVE # 412  
1.4 CITY - ST - ZIP DEERFIELD BEACH FL 33441  
☐ Change ☐ Addition

TITLE DV  
NAME RAPONE, JACQUELINE  
STREET ADDRESS 330 SE 20 AVE, SUITE 213  
CITY - ST - ZIP DEERFIELD BCH FL  
☐ DELETE

2.1 TITLE DV  
2.2 NAME RAPONE JACQUELINE  
2.3 STREET ADDRESS 330 SE 20 AVE # 412  
2.4 CITY - ST - ZIP DEERFIELD BEACH FL 33441  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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: RICCARDO RAPONE *Riccardo Rapone* 4/19/97 954-481-9506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)