

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

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May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000076644 (2)

1. Corporation Name  
J. RAPONE, INC.

Principal Place of Business

330 SE 20TH AVE.  
STE 412  
DEERFIELD BEACH FL 33441  
US

Mailing Address

330 SE 20TH AVE.  
STE 412  
DEERFIELD BEACH FL 33441  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1919 NE 45 ST	26 1919 NE 45 ST		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 SUITE 115	27 SUITE 115		
City & State		City & State	
23 FT. LAUDERDALE, FL	28 FT. LAUDERDALE, FL		
Zip	Country	Zip	Country
24 33308	25 BROWARD	29 33308	30 BROWARD
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 Riccardo Rapone 82 Street Address (P.O. Box Number is Not Acceptable) % COASTAL ACCOUNTING INC 83 1919 NE 45 ST # 115 84 City FT. LAUDERDALE, FL FL 85 Zip Code 33308	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	RAPONE, RICCARDO	1.2 NAME	RICCARDO RAPONE
STREET ADDRESS	330 SE 20TH AVE #412	1.3 STREET ADDRESS	1919 NE 45 ST #115
CITY-ST-ZIP	DEERFIELD BCH FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	DV	2.1 TITLE	DV
NAME	RAPONE, JACQUELINE	2.2 NAME	JACCI RAPONE
STREET ADDRESS	330 SE 20TH AVE #412	2.3 STREET ADDRESS	1919 NE 45 ST #115
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: X

JACCI RAPONE

JACCI RAPONE

V Pres

954-451-7876

CR2E034 (10/97)