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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000011992

1, Corporation Name

RAPPWARE INC.

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90249 013 \*\*\*150.00



					4	N		18719 18458 1481 1881	
Principal Place of Business	Mailing Address								
16911 ROYAL POINCIANA DRIVE FT. LAUDERDALE FL 33326	16911 ROYAL POINCIANA DRIVE FT. LAUDERDALE FL 33326				DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed 02/13/1995			
Principal Place of Business     2a. Mailing Address					4.	FEI Number		Applied For	
m ·	26					65-0547848		Not Applicable	
Suite, Apt. #, etc.	} <del></del> -	Suite, Apt. #, etc.			5.	Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing S5.00 May				<b>00</b> May Be	
23	28				1	Trust Fund Contribution		ded to Fees	
Zip Country	Zip				8. This corporation owes the current year Intangible				
24 25	29	29 30			Personal Property Tax.				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
DARDARODT OFFICAL			81	Name					
RAPPAPORT, STEVEN 16911 ROYAL POINCIANA DRIVE			82	Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33326			83						
			84	,		FL		Zip Code	
11. Pursuant to the provisions of Sections 607.05	i02 and 607.1508, Flor	ida Statutes, the a	bove	e-named corpo	pration	submits this statement for the purpose of chard of directors. I hereby accept the appointr	angin	g its registered as registered	

SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. ☐ Addition DELETE 1.1 TITLE Change TITLE RAPPAPORT, STEVEN 12 NAME NAME 16911 ROYAL POINCIANA DR 1.3 STREET ADDRESS STREET ADDRESS FT LADUERDAEL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITI F 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP \_\_ Change \_\_\_ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)