

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

FILED
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 # **P95000012947 (4)**

1. Corporation Name
RAPID MOVERS, INC.



Principal Place of Business 4362 NORTH LAKE BLVD. STE 217 PALM BEACH GARDENS, FL 33410 6807 COLLINS AVE MIAMI BEACH, FL 33141	Mailing Address 4362 NORTH LAKE BLVD. STE 217 PALM BEACH GARDENS, FL 33410 6807 COLLINS AVE MIAMI BEACH, FL 33141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6807 COLLINS AVE Suite, Apt. #, etc.	2a. Mailing Address 26 6807 COLLINS AVE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/15/1995	4. FEI Number 65-0560283	Applied For Not Applicable
22 City & State MIAMI BEACH, FL	27 City & State MIAMI BEACH, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip 33141	28 Country DADE	29 Zip 33141	30 Country DADE	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MINKER, JULES 4362 NORTH LAKE BLVD, STE 217 PALM BEACH GARDENS, FL 33410	10. Name and Address of New Registered Agent 81 Name James C. Traini 82 Street Address (P.O. Box Number is Not Acceptable) 6807 Collins Avenue 83 84 City Miami Beach, FL 85 Zip Code 33141
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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  DATE **4/1/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TRAINI, JAMES C 331 89TH ST. MIAMI BEACH FL 33141 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PSD TRAINI, JAMES C. 6807 COLLINS AVE MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID MINKER, JULES 4362 NORTH LAKE BLVD., SUITE 211 PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD RODRIGUEZ, HENRY J. 6807 COLLINS AVE MIAMI BEACH, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA MINKER VPD 4162 NORTH LAKE BLVD, SUITE 211 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **J.C. Traini**
 **Jules S. Minker**
1 Apr 98 3-5-868-6787
26 Feb 98 561-775-5660
Date Daytime Phone # 0317136

CR2E034 (1097)