

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

FILED
Mar 25 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 # P95000025604 (6)

1. Corporation Name
RAPOPORT, INC.



Principal Place of Business: 10375 TAMiami TRAIL NORTH NAPLES FL 33963
Mailing Address: 10375 TAMiami TRAIL NORTH NAPLES FL 34108-1802

3. Date Incorporated or Qualified: 03/01/1995
3a. Date of Last Report: 04/18/1996
4. FEI Number: 65-0579697
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Country
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30 Country

9. Name and Address of Current Registered Agent
~~RAPOPORT, ISRAEL
10375 TAMiami TRAIL NORTH
NAPLES FL 33963~~

10. Name and Address of New Registered Agent
81 Name: ELVIRA RAPOPORT
82 Street Address (P.O. Box Number is Not Acceptable): 10375 TAMiami TR N
83
84 City: NAPLES FL 85 Zip Code: 34108

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: *Elvira Rapoport* DATE: 2/19/97

12. OFFICERS AND DIRECTORS

TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	RAPOPORT, ISRAEL	
STREET ADDRESS	10375 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	PT D	<input type="checkbox"/> DELETE
NAME	RAPOPORT, ELVIRA	
STREET ADDRESS	10375 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 33963 34108	
TITLE	V S D	<input type="checkbox"/> DELETE
NAME	RAPOPORT, LUIS	
STREET ADDRESS	624 - 92ND AVE NORTH	
CITY-ST-ZIP	NAPLES FL 33963 34108	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISAAC RAPOPORT	
STREET ADDRESS	906 99th AVE N	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Elvira Rapoport* DATE: 2/19/97

CR2E034 (9/96)