## 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

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90211 039 \*\*\*150.00

DOCUMENT # P95  1. Corporation Name RAPID RUNNER, INC.	000084041	
Principal Place of Business	Mailing Address	( 1991196) IVE 18181 SEITH SEI

Principal Place	Principal Place of Business Mailing Address							
401 E. OSCEOL	.A ST.	401 E. OSCEOLA ST. STUART FL 34994						
STUART FL 349	994			DÖ NOT WRIT	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
i					10/26/1995			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		App	olied For
21 150	1 Decker Are	26			65-0627227			Applicable
Suite, Apt.	#, etc. L+1518	Suite, Apt. #, etc.			- * - 5 Certificate of Status Desired		\$8.75 A	
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23 St71	act. FL	28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	/	8. This corporation owes the curre			
24 344	14   25	29 30	<u> </u>		Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	egistered A	gent	
CUB	NETT, JANE L ESQ.		0 '	Name				
	E. OSCEOLA ST.		82	Street	Address (P.O. Box Number is Not Acceptal	ole)		
	ART FL 34994		83		<u> </u>			
010	AII 1 E 04334		"	1				
			84	,		FL	85 Zip C	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this statement for the	ourpose of c	hanging its ment as rec	registered
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute:		oration's board of directors. I hereby accep	11010	$\alpha$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE		<del></del>	-V	C	<del>residen</del> I	1101	4-	
	Signature, typed or printed name of registered agent		gistered Age	nt signature	required when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS	1.1 πr.E		ADDITIONS/CHANGES TO GAT	IOLINO / III	Change	Addition
TITLE	) <b>"</b>		1.2 NAME				-	_
NAME	MALLEY, CLAUDE A 345 NE ELM TERRACE			T ADDRESS				
STREET ADDRESS	JENSEN BEACH FL 34957		1.4 CITY-5					
CITY-ST-ZIP TITLE	V	☐ DELETE	2.1 TITLE	31-211			Change	Addition
NAME	HEDGEPETH, JEFFREY	_	2.2 NAME					
ETPECT ANNRESS			2.3 STREE	T ADDRESS	10518 SE Held C	ナ		
CITY-ST-ZIP	STUART FL 34994		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS	1			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					☐ Addition
NAME				ET ADDRESS				
STREET ADDRESS	·		5.4 CITY-					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	J1-217			☐ Change	Addition
TITLE			6.2 NAME		·			_
NAME STREET ADDRESS				ET ADDRESS				
1 SIKEEIAUUKESS	1		<b>.</b>		1			

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, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TAPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561)23-9001