

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

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90009 026 ***550.00

DOCUMENT # P96000012483

1. Corporation Name
RAPID SERVICE HOME DELIVERY, INC.

Principal Place of Business

30 S.W. 70 AVE.

DAVIE FL 33317

Mailing Address

5745 S. UNIVERSITY DR.
DAVIE FL 33328



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

65-0648964

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

UDELL, MICHAEL B
5745 S. UNIVERSITY DR.
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE DPS
NAME GOLDMAN, ARLENE
STREET ADDRESS 2230 S.W. 70TH AVE. #9
CITY-ST-ZIP DAVIE FL 33317

TITLE D
NAME GOLDMAN, PAUL
STREET ADDRESS 2230 S.W. 70TH AVE. #9
CITY-ST-ZIP DAVIE FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

S
GOLDMAN, Arlene
2230 SW 70 Ave #9
DAVIE, FL 33317

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

P
Tillinghast, Brian
2230 SW 70 Ave #9
DAVIE, FL 33317

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

P
Tillinghast, Brian
2230 SW 70 Ave #9
DAVIE, FL 33317

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

P
Tillinghast, Brian
2230 SW 70 Ave #9
DAVIE, FL 33317

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

P
Tillinghast, Brian
2230 SW 70 Ave #9
DAVIE, FL 33317

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

P
Tillinghast, Brian
2230 SW 70 Ave #9
DAVIE, FL 33317

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/99

Date

954-425-1384

Daytime Phone #

CR2E034 (11/98)