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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 21 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000087164 (5)

RAPID PROGRESS TOOL & DIE COMPANY, INC.

Principal Place of Business		Mailing Address	Mailing Address			7001		
1100 NORTH 50TH ST UNIT 4G TAMPA FL 33619-3248		1100 NORTH 50TH ST UNIT 4G			DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
IAMEN IL VO	KU O-NE TO	IMMEN IL SUCIO-SEND			3. Date Incorporated or Qualified			
					10/16/1996			
<del></del>	Place of Business	2a. Mailing Address			4. FEI Number Applied	For		
Suite, Apt. #, etc.		26			59-3412433 Not App			
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired See Require			
City & State			City & State		6. Election Campaign Financing \$5.00 May			
23		28			Trust Fund Contribution Added to Fee			
Zip   Country		Zip	Zip Country		8. This corporation owes or has paid the current year intangib			
24	26	29	30		Personal Property Tax due June 30. Yes No			
	g. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent			
	azier, Paul		8	1 Name	ime			
	00 NORTH 50TH ST.		8:	2 Stree	reet Address (P.O. Box Number is Not Acceptable)			
	IT 4G		8:					
TAI	MPA FL 33819-3248		0.	<b>"</b>				
			8	<b>6</b> City	y FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607	.0502 and 607 1508. Florida Sta	dules, the abo	ve-name	mad corporation submits this statement for the nursess of changing its regi	stered		
Office or r	egistered agent, or both, in the Sim familiar with, and accept the o	state of Florida. Such change wa	as authorized t	ov the co	corporation's board of directors. I hereby accept the appointment as regist	ered		
SIGNATURE	on rammar wan, and accept the c	triigations of, Section 601:6000,	T KOTO STATUTE	-S.				
SIGNATURE	Signature, typed or printed name of registers	id agent and title if applicable (N	NOTE: Registered A	gent s/gnatu	nature required when reinstating) DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TALE	D	☐ DELET <b>e</b>	1 1 TITLE		☐ Change	Addition		
NAME FRAZIER, PAUL STREET ADDRESS 1100 NORTH 50TH ST UNIT 4G			1.2 NAME					
STREET ADDRESS	TAMPA FL 33619-3248	III 4G		T ADDRESS	:SS			
CHY-ST-ZIP TITLE	IMMENTE SOOIS-SE40	DELETE	1.4 CITY - 2.1 TITLE		Change D	Addition		
NAME			2.2 NAME		C''I OHNING C''	Tudottion		
STREET ADDRESS				T ADDRESS	FSS .			
CITY-ST-ZIP			2. 4 CITY-					
TITLE	<u></u>	☐ DELETE	3.1 TITLE	0. 2		Addition		
NAME			3.2 NAME			ļ		
STREET ADDRESS			3.3 STREE	T ADDRESS	ess	- 1		
CITY-ST-2IP			3.4. CITY	- ST- ZIP		ľ		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ A	Addition		
NAME			4. 2 NAME			1		
STREET ADDRESS			4.3 STREE	T ADDRESS	.SS			
CITY-ST-ZIP		Clourt	4.4 CITY -	ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change A	Addition		
NAME CTRCCT ADDRESS			5.2 NAME					
STREET ADDRESS				T ADDRESS	20			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	51 - ZIP	Change A	Addition		
NAME		perce	6.2 NAME			waition		
STREET ADDRESS			1	t ADDRESS	20.			

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 fustee 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.