

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550

FILED

**Jun 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96006103679
1. Corporation Name:

Principal Place of Business:
**Rapid Recovery Services, Inc.
1525 Spring Harbor Dr., Suite O
Delray Beach, FL 33445**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
11/1/97

2. Principal Place of Business:
21. (SAME AS ABOVE)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

26. Mailing Address (SAME AS ABOVE)
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

4. FEI Number **65-0752622**
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
**Scott Zimmerman
1525-O Spring Harbor Dr.
Delray Beach, FL 33445**

10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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)* (SCOTT ZIMMERMAN) 5/1/98
NOTE: Registered Agent Signature required when resigning. (All)

12. OFFICERS AND DIRECTORS

TITLE	V/T/S/D	<input type="checkbox"/> DELETE
NAME	LANCO PERKINS	
STREET ADDRESS	5224 N. TARK AVB.	
CITY-ST-ZIP	INDIANAPOLIS, IN 46220	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCOTT ZIMMERMAN	
STREET ADDRESS	1525 SPRING HARBOR, SUITE O	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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***150.00

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 annual report with an address.

SIGNATURE: *(Signature)* PRESIDENT 5/1/98 (REG) 278-7086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)