

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:18

DOCUMENT # **S44726** (5)

1. Corporation Name
RAPTURE ENTERPRISES, INC.

Principal Place of Business Mailing Address
748 VIA LIDO NORD 748 VIA LIDO NORD
NEWPORT BEACH CA 92663 NEWPORT BEACH CA 92663

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/10/1991 04/08/1994

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

4. FEI Number Applied For
65-0262975 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
7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HURLEY, JAMES N.
5915 PONCE DE LEON BLVD.
#63
MIAMI FL 33146

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, Name and Printed Name of Registered Agent and Date of Signature DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CAINE, WILLIAM A., JR
STREET ADDRESS	748 VIA LIDO NORD
CITY-ST-ZIP	NEWPORT BEACH FL
TITLE	DST
NAME	CAINE, TEMMY L
STREET ADDRESS	748 VIA LIDO NORD
CITY-ST-ZIP	NEWPORT BEACH FL
TITLE	AS
NAME	HURLEY, JAMES N.
STREET ADDRESS	5915 PONCE DE LEON BLVD
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	NEWPORT BEACH, CA 92663
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	NEWPORT BEACH, CA 92663
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input 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	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *William A. Caine, Jr.* 3-8-95 (714) 675-6476
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR Date (Florida Phone #)
WILLIAM A. CAINE, JR., PRESIDENT