SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V18160** **(4)**

1. Corporation Name
RAD RAPID DELIVERY, INC.

Principal Place of Business	Mailing Address
~~9350 NW 31 PLACE~~ ~~SUNRISE FL 33351~~	~~9350 NW 31 PLACE~~ ~~SUNRISE FL 33351~~

3. Date Incorporated or Qualified: 03/03/1992
3a. Date of Last Report: 08/03/1995

2. Principal Place of Business
21: 1510 N. UNIVERSITY DRIVE
22 Suite, Apt. #, etc: #212
23 City & State: SUNRISE FL
24 Zip: 33322
25 Country: BROWARD

2a. Mailing Address
26: 1510 N. UNIVERSITY DRIVE
27 Suite, Apt. #, etc: #212
28 City & State: SUNRISE FL
29 Zip: 33322
30 Country: BROWARD

4. FEI Number: 65-0322458 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIDSON, ALICIA M
9350 NW 31 PLACE
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: RICHARD DAVIDSON
82 Street Address (P.O. Box Number is Not Acceptable): % BRUCKNER & BRUCKNER
83: 4992 N. PINE ISLAND ROAD
84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33351

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: Richard Davidson, President — DATE: 8-7-96
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~DAVIDSON, ALICIA M~~ ~~9350 NW 31 PLACE~~ ~~SUNRISE FL~~	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DAVIDSON, RICAHRD 9350 NW 31ST PL SUNRISE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition P.D. DAVIDSON, RICHARD % BRUCKNER & BRUCKNER, 4992 N PINE ISLAND RD FT LAUDERDALE FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Davidson RICHARD DAVIDSON, PRES 8-7-96 954-328-5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #