


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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90007 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V65489

1. Corporation Name
RAMPANT CORP.

Principal Place of Business 5 SE 9TH ST. DEERFIELD BEACH FL 33441	Mailing Address 5 SE 9TH ST. DEERFIELD BEACH FL 33441
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 09/17/1992
21	22	26	4. FEI Number 65-0381888
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	Applied For Not Applicable
23	24	27	5. Certificate of Status Desired <input type="checkbox"/>
City & State	Zip	City & State	\$8.75 Additional Fee Required
Country	25	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	25	29	\$5.00 May Be Added to Fees
Zip	Country	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MORIARTY, FRANCE L. 5 SE 9TH ST. DEERFIELD BEACH FL 33441		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85
			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIARTY, FRANCE	1.2 NAME	
STREET ADDRESS	248 S.E. 8TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIARTY, WILLIAM	2.2 NAME	
STREET ADDRESS	248 S.E. 8TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: FRANCE MORIARTY DATE: 3/19/99 DAYTIME PHONE #: 954-421-3551

CR2E034 (11/98)