Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90003 048 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 838449

1. Corporation Name

RESOURCES, APPLICATIONS, DESIGNS & CONTROLS, INC

Principal Place	e of Business	Mailing Address	Mailing Address			E 100599 10100 11101 10111 31011 01010 1011 01011 61011 01011 01011 01011 01011 01011 01011 01011 1001
3220 E 59TH S		3220 E 59TH ST	•			
LONG BEACH CA 90805		LONG BEACH CA 90805			DO NOT WRITE IN THIS SPACE	
US		US				
						3. Date Incorporated or Qualifed
2.5: :	land of Occasionan	2a. Mailing Address				05/19/1977 4. FEI Number Applied For
— ·	lace of Business				[]	95-2548788 Not Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.			\$8.75 Additional	
	#, etc.		27			5. Certificate of Status Desired Fee Required
City & State			City & State		- 1	6 Election Campaign Financing \$5.00 May Be
23		├─ ┐ ′	28			Trust Fund Contribution Added to Fees
Zip Country		Zip				This corporation owes the current year Intangible
24	25 29 30		0			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent			1	0. Name and Address of New Registered Agent
			81	Name		
CT CORPORATION SYSTEM			82	2 Street	Address	(P.O. Box Number is Not Acceptable)
	S. PINE ISLAND ROAD					
PLAI	NTATION FL 33324		83	3		
			84	City		85 Zip Code
				1		FL 160 247 5000
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, typed or printed name of registered age			ent signature re	equired whe	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13. 1.1 TITLE			- Change Addition
TITLE	PD DOMAID	E DEEE IE	1.2 NAME			
NAME	WALDMAN, J. DONALD		1	ET ADDRESS		
STREET ADDRESS	1					
CITY-ST-ZIP TITLE	GARDENA CA V	☐ DELETE	1.4 CITY- 2.1 TITLE			☐ Change ☐ Addition
	WALDMAN, J. DONALD	<u></u>	2.2 NAME			– , –
NAME	ANALON A MANAGEMENT		•	ET ADORESS		
STREET ADDRESS	-GARDENA CA		2. 4 CITY-			and the second s
CITY-ST-ZIP TITLE	D	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	WALDMAN, MARILYN		3.2 NAME			
STREET ADDRESS	ADDRESS A ALIAN ON HIND		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	GARDENA CA		3.4. CITY-			
TITLE	0.0000000000000000000000000000000000000	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	:		
STREET ADDRESS	1		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP		!	4.4 CITY-	şt-zip		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			ļ
STREET ADDRESS			5.3 STRE	ET ADDRESS		
C/TY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TTTLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY OT 710 V			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: