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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F97000002563 (1)

**REAL COMMUNICATIONS SERVICES, INC.** 

## **FILED** May 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					20/19 (169) 91(19 6/120 (1)( 180)
	E BLVD., 11T FL	2455 SUNRISE BLVD 1			
FORT LAUDERADLE FL 33304 FORT LAUDERADLE FL 3			33304	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
				05/14/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		APPLIED FOR	Not Applicable
Sulte, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City 9 State		City & Stole			Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 Ziji	Country	This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer		1	10. Name and Address of New Registers	
INI	RASTATE REGISTERED AGENT	CORP	81 Name		
701 BRICKELL AVE., STE 3000			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131			of corvida	ross (1.0. Box Hambor is Not Notopiable)	
٠			83		
·			84 City		. 85 Zip Code
				F	
11. Pursually 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. Thereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS AN		E Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSTD	DELETE	1.1 TITLE	ADDITION OF THE	Change Addition
NAME	STOLZ, PETER		1.2 NAME		
STREET ADDRESS	2455 SUNRISE BLVD., 11TH	FL	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY- ST- ZIP		
TITLE	DD	☐ DELETE	2.1 TOLE		Change Addition
NAME	FEDER, STEVEN L		2 2 NAME		
STREET ADDRESS	2455 SUNRISE BLVD., 11TH	FL	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CiTY-ST-ZiP		
TITLE	D	DELETE	3 1 THTLF		Change Addition
NAME	LINDSEY, THOMAS	Fi	3 2 NAME		
STREET ADDRESS	2455 SUNRISE BLVD., 11TH FORT LAUDERDALE FL	rL	3 3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDENDALE FL	Nerre	3.4. CITY-ST-7IP		Diament Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME		טכנוינ	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		2/14
					5111
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME	annnnagaar	
STREET ADDRESS			6.3 STREET ADDRESS	9000025270 -05/18/9801041	n41
CITY-ST-ZIP			6.4 CITY - ST - ZIP	***150.00	914
	ertify that the information supplied w	th this bling does not qualify for		Section 119 07/3)(i) Florida Statutes Lighther	certify that the information

i supplied with mis filing does not quality for the exemption stated in Section 19.07(3)(i), Florida statutes 1 furtier denity that the information in the firm of the frace and the state and that my signature shall have the same legal effect as if made under oath; that I am an of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in our problem. indicated on this annual report or officer or director of the control of