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

**PROFIT CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secreta y of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90093 015 \*\*\*158.75

## DOCUMENT # K67944

CITY-ST-ZIP

RFM SYSTEMS, INC.

						_			<u>il bibli bibli bibli</u>	. Elleli eleli elel
Principal Place of Business Mailing Address										
4497 SIR PAGE LANE 4497 SIR PAGE LANE										
TITUSVILLE FL	32796		TITUSVILLE FL 32796				DO NOT WO	ITE INI TE	I C CDACE	
US		US	US				DO NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualifed 02/23/1989			
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number		A	pp ied For
21		26				1	59-2931903		N N	fot Applicable
Suite, Apt.	#, etc.	Suite 27	Suite, Apt. #, etc.			5.	Certificate of Status Desired	X	•	Additional Required
City & S ate			City & State			6	Election Campaign Financing		\$5.00	May Be
23		28	28			-	Trust Fund Contribution		•	to Fees
Zip	Country	Zip		Countr	<del></del>	8.	This corporation owes the cur	rent year	Intangible	
24				0		"	Personal Property Tax. Yes No			
	9. Name and Address of Curre			-		10.	Name and Address of New	Register	ed Agent	
				8	Name					·
MCC	CARTHY, RICHARD F.			82	1 0		O Day Number is Not Assess	able)		
4497	7 SIR PAGE LANE					ıress (P	P.O. Box Number is Not Accept	aule)		
TITU	SVILLE FL 32780			83	<del>                                     </del>					
				84	City			F	<b>E</b>	Code
L	to the provisions of Sections 607.0	00 and 607 150	0 Elorida Stati tas	the above	e-named cc.rr	noration	n submi s this statement for the	nurnose	of changing it	s registered
office or r	registered agent, or both, in the Stat	erfFlorida Su	ch change was aut	horized b	/ the corporati	ion's bo	oard of directors. I hereby acce	pt the ap	pointment as r	egistered
agent. I a	m familiar with, and accept the oblig	gations of, Secti	on 607.0505, Florid	da Statute	S.					
SIGNATURE								ĎATE		
	Signature, typed or printed name of registered a				ent signature require		ADDITIONS/CHANGES TO OF		AND DIRECT	ORS IN 12
12.		NI) DIRECTOR	DELETE	13.	<del></del>		ADDITIONS/CHANGES TO OF	HOERS	Change	
TITLE	MOCADILIV BIOLARD F		- Deterie							_
NAME	MCCARTHY, RICHARD F.			1 2 NAME	1					
STREET ADDRESS				1	ET ADDRESS					ļ
CITY-ST-ZIP	TITUSVILLE FL			1.4 CITY-	ST-ZIP				☐ Change	Addition
TITLE	D		☐ DELETE	2.1 TITLE					спапуе	Addition
NAME	MCCARTHY, RICHARD F.			2.2 NAME						
STREET ADDRESS				2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	TITUSVILLE FL			2. 4 CITY-	ST-ZIP				_ <del></del>	
TITLE			DELETE	3 1 TITLE					Change	Addition
NAME	J			3 2 NAME	}					
STREET ADDRESS				3.3 STRE	ET ADDRESS					
CITY-ST-ZIP				3.4. CITY-	ST-ZIP					
TITLE			DELETE	4 1 TITLE					☐ Change	Addition
NAME				4. 2 NAME						
STREET ADDR: SS				4.3 STRE	ET ADDRESS					
CITY-ST-ZIP				4.4 CITY-						
TITLE			DELETE	5.1 TITLE					☐ Change	Addition
NAME				5.2 NAME						
					ET ADDRESS					
STREET ADDRESS				5.4 CITY-						
CITY-ST-ZIP			☐ DELETE	6.1 TITLE			<del></del>		Change	Addition
TITLE			_ 5222.0	6.2 NAME					·g-	_
NAME				1	ET ADDRESS					
CYDEET ADDRESS	1			E V.J JINE	_ ,					

14. I here by 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 change 1, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: