

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L61457 (2)
1. Corporation Name
RESULTS TECHNOLOGIES INC.

Principal Place of Business
**499 SHERIDAN STREET, #400
DANIA FL 33004**

Mailing Address
**499 SHERIDAN STREET, #400
DANIA FL 33004**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/1990	3a. Date of Last Report 09/23/1994
4. FEI Number 65-0198195	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
7. This corporation has liability for filing the fee under Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
County 24	County 29
Zip 25	Zip 30

9. Name and Address of Current Registered Agent RAPP, ROBERT C/O RESULTS TECHNOLOGIES INC. 499 SHERIDAN STREET DANIA FL 33004	10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code
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11. Pursuant to the provisions of Sections 607.05(3) and 607.15(8) Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 agree to fulfill and accept the obligations of Sections 607.05(3) Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995
NAME DP SCHEIN, ALAN	1. TITLE ☐ Change ☐ Addition
STREET ADDRESS 499 SHERIDAN ST DANIA FL	2. NAME
CITY, STATE, ZIP S	3. STREET ADDRESS
NAME RAPP, ROBERT	4. CITY, STATE, ZIP
STREET ADDRESS 499 SHERIDAN ST DANIA FL	5. TITLE
CITY, STATE, ZIP	6. NAME
NAME	7. STREET ADDRESS
STREET ADDRESS	8. CITY, STATE, ZIP
CITY, STATE, ZIP	9. TITLE
NAME	10. NAME
STREET ADDRESS	11. STREET ADDRESS
CITY, STATE, ZIP	12. CITY, STATE, ZIP
NAME	13. TITLE
STREET ADDRESS	14. NAME
CITY, STATE, ZIP	15. STREET ADDRESS
NAME	16. CITY, STATE, ZIP
STREET ADDRESS	17. TITLE
CITY, STATE, ZIP	18. NAME
NAME	19. STREET ADDRESS
STREET ADDRESS	20. CITY, STATE, ZIP
CITY, STATE, ZIP	21. TITLE
NAME	22. NAME
STREET ADDRESS	23. STREET ADDRESS
CITY, STATE, ZIP	24. CITY, STATE, ZIP

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*****1252.50 ****208.75**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(3) Florida Statutes. I further certify that the information is stated on this annual report or supplemental annual report in true and accurate and that my signature shall have the same legal effect as if made by me in person. 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 of, typed or by an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (35) 931-2400