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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## Mar 01, 1999 8:00 am Secretary of State

|  | 1999   | DIVISION OF C                           | ORPORATIONS                      | _   03-01-1999 90007 0  | 29 ***150.00      | )                    |
|--|--|---|----------------------------------|---|-------------------|----------------------|
| <ol> <li>Corporation</li> </ol>                                      | MENT # P9300<br>RD SYSTEMS, INC.   | 0078805                                 |                                  |   |                   |                      |
|  |  |   |                                  |   |                   |                      |
| Principal Plac   | te of Business   | Mailing Address                         |                                  |   |                   | 19101 (AIG 1001      |
| · ·  |  | -                                       |                                  | ,   |                   | •                    |
| 7100 W CANIN<br>205  | IO REAL  | 2901 CLINT MOORE RD<br>402              |                                  |   |                   |                      |
| BOCA RATON FL 33433 BOCA RATON FL 33496                              |  |   | DO NOT WRITE IN TH               | IIS SPACE   |                   |                      |
| US   |  | US                                      |                                  | 3. Date Incorporated or Qualifed  |                   | ļ                    |
| a. Orinaia d E   | Place of Business  | n. Mailing Address                      |                                  | 11/08/1993<br>4. FEI Number   |                   |                      |
|  | -898 E HILSboro B  | 2a. Mailing Address<br>W 26 824-828 E / | tillstown Bli                    |   | <u> </u>          | Applicable           |
| Suite, Apt.  |  | Suite, Apt. #, etc.                     |                                  |   | \$8.75 A          | <del></del>          |
| 22 27  |  |   |                                  | 5. Certifcate of Status Desired   | Fee Rec           | 1                    |
| City & State  City & State  City & State  City & State  City & State |  |   | ench Fl                          | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 I          |                      |
| Zip  | Country  | Zip                                     | Country                          | 8. This corporation owes the current year   |                   |                      |
| 24 33  | 3441 25 115  | 33441                                   | 30 US                            | Personal Property Tax.  |                   | □No Ì                |
|  | 9. Name and Address of Curr  | ent Registered Agent                    |                                  | 10. Name and Address of New Registere   | d Agent           |                      |
| DEN  | IND MOUATI   |   | 81 Name                          | ·   |                   | 1                    |
| DENNIS, MICHAEL<br>3153 NW 56TH ST.                                  |  |   | 82 Street Add                    | dress (P.O. Box Number is Not Acceptable)   | <del></del>       |                      |
|  | 3 NW 30111 ST.<br>CA RATON FL 33496  |   |                                  |   |                   |                      |
| 600  | SA PATON PE 33480  |   | 83                               |   |                   |                      |
|  |  |   | 84 City                          | F   | 85 Zip C          | ode                  |
| office or i  | to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli | te of Florida. Such change was au       | thorized by the corporat         | poration submits this statement for the purpose<br>tion's board of directors. I hereby accept the app | of changing its i | egistered<br>istered |
| SIGNATURE  | Signature, typed or printed name of registered a   | pent and title if explicable (NOTE:     | Registered Agent signature requi | red when reinstating) DATE  |                   |                      |
| 12.  | <del></del>  | AND DIRECTORS                           | 13.                              | ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTOR      | RS IN 12             |
| TITLE  | D  | ☐ DELETE                                | 1.1 TITLE                        |   | ☐ Change          | Addition             |
| NAME   | DENNIS, MICHAEL  |   | 1.2 NAME                         |   |                   | }                    |
| STREET ADDRESS   |  |   | 1.3 STREET ADDRESS               |   |                   | ,                    |
| CITY-ST-ZIP  | BOCA RATON FL  |   | 1.4 CITY-ST-ZIP                  |   |                   |                      |
| TITLE  |  | ☐ DELETE                                | 2.1 TITLE                        |   | Change            | Addition             |
| NAME   |  |   | 2.2 NAME                         |   |                   | 1                    |
| STREET ADDRESS   |  |   | 2.3 STREET ADDRESS               |   |                   |                      |
| CITY-ST-ZIP<br>TITLE   |  | ☐ DELETE                                | 2. 4 CITY-ST-ZIP<br>3.1 TITLE    |   | ☐ Change          | Addition             |
| NAME   |  |   | 3.2 NAME                         |   |                   |                      |
| STREET ADORESS   |  |   | 3.3 STREET ADDRESS               |   |                   | }                    |
| CITY-ST-ZIP  |  |   | 3.4. CITY-ST-ZIP                 |   |                   | •                    |
| TITLE  |  | ☐ DELETE                                | 4.1 TITLE                        |   | ☐ Change          | ☐ Addition           |
| NAME   |  |   | 4. 2 NAME                        |   |                   |                      |
| STREET ADDRESS   |  |   | 4.3 STREET ADDRESS               |   |                   | Į                    |
| CITY-ST-ZIP  |  |   | 4.4 CiTY-ST-ZiP                  |   |                   |                      |
| TITLE  |  | ☐ DELEYE                                | 5.1 TITLE<br>5.2 NAME            |   | ☐ Change          | Addition i           |
| NAME   |  |   | 5.2 NAME<br>5.3 STREET ADDRESS   |   |                   | \                    |
| STREET ADDRESS   | Í  |   | 5.4 CITY-ST-ZIP                  |   |                   | J                    |
| CITY-ST-ZIP<br>TITLE   |  | DELETE                                  | 6.1 TITLE                        |   | ☐ Change          | Addition             |
| NAME   |  |   | 6.2 NAME                         |   |                   | _                    |
| ·  |  |   |                                  |   |                   |                      |
| STREET ADDRESS   | ·  |   | 6.3 STREET ADDRESS               | •   |                   |                      |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Dennis