

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000021454 (1)

1. Corporation Name

REAL TIME INC.

Principal Place of Business

6208 S. DIXIE HWY.
MIAMI FL 33143

Mailing Address

6208 S. DIXIE HWY.
MIAMI FL 33143

FILED
95 AUG -1 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

4. FEI Number

65-0527118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election of Alternative Dispute
Resolution Procedure

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD., SUITE 211
PALM BEACH GARDENS FL 33418

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and this is applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION FOR THE REGISTRAR (Check one)

TITLE

D

NAME

MYSOREWALA, IDRIS

STREET ADDRESS

6208 S. DIXIE HWY.

CITY - ST - ZIP

MIAMI FL 33143

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

D

NAME

MYSOREWALA, ANWER

STREET ADDRESS

6208 S. DIXIE HWY.

CITY - ST - ZIP

MIAMI FL 33143

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 obtain attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYSOREWALA, ANWER

Title

Signature Number

7-2595 305 666 5732

CR2E034 (3/95)