


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

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90010 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000052674

1. Corporation Name
REALISTIC LEARNING SYSTEMS, INC.

Principal Place of Business 10301 N.W. 7TH STREET PLANTATION FL 33324	Mailing Address 10301 N.W. 7TH STREET PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1994

4. FEI Number
65-0506227

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 10461 GOLDEN EAGLE CT

2a. Mailing Address
26 10461 GOLDEN EAGLE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 PLANTATION FL

City & State
28 PLANTATION FL

Zip Country
24 33324 25 US

Zip Country
29 33324 30 US

9. Name and Address of Current Registered Agent

SCHWARTZ, ROBERTA L
10301 N.W. 7TH STREET
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
SCHWARTZ, ROBERTA L.

82 Street Address (P.O. Box Number is Not Acceptable)
10461 GOLDEN EAGLE CT

83

84 City
PLANTATION

85 Zip Code
FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SCHWARTZ, ROBERTA L
STREET ADDRESS	10301 N.W. 7TH STREET
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	STD <input type="checkbox"/> DELETE
NAME	SCHWARTZ, SHELDON J
STREET ADDRESS	10301 N.W. 7TH STREET
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ADAMS, DEBBIE
STREET ADDRESS	12799 NW 18 MANOR
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERTA L. SCHWARTZ
1.3 STREET ADDRESS	10461 GOLDEN EAGLE CT
1.4 CITY-ST-ZIP	PLANTATION FL 33324
2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHWARTZ, S HELDON J
2.3 STREET ADDRESS	10461 GOLDEN EAGLE CT
2.4 CITY-ST-ZIP	PLANTATION FL 33324
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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

ROBERTA L. SCHWARTZ

Date

954-423-8709

Daytime Phone #

CR2E034 (11/98)