

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN - 1 PM 10

DOCUMENT # P94000065932 (3)

1. Corporation Name

REALTIME CONTROL SYSTEMS, INC.

Principal Place of Business

**18000 N.W. 68 AVE.
UNIT 212
MIAMI FL 33015**

Mailing Address

**18000 N.W. 68 AVE.
UNIT 212
MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1994

3a. Date of Last Report

2. Principal Place of Business

21 10275 SW 132nd Court

2a. Mailing Address

26 10275 SW 132nd Court

4. FEI Number

65-0523395

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 Miami, FL

City & State

28 Miami, FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

24 33186

25 USA

Zip

Country

29 33186

30 USA

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**RAPP, BRIAN M
18000 N.W. 68 AVE.
UNIT 212
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name

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

10275 SW 132nd Court

83

84 City

Miami

FL

85 Zip Code

33186

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 of person or persons authorized to act as registered agent, and the name of the person or persons authorized to act as registered agent)

(Signature of Registered Agent, and the name of the Registered Agent, if the Registered Agent is not the same person as the person or persons authorized to act as registered agent)

(Date)

12. OFFICERS AND DIRECTORS

11 TITLE PD
NAME RAPP, BRIAN M
STREET ADDRESS 18000 N.W. 68 AVE., # 212
CITY, ST, ZIP MIAMI FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS **10275 SW 132nd Court**

14 CITY, ST, ZIP **Miami, FL 33186**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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 110.07(6)(b), 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 recorder 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, changed, or as an attachment with an address.

SIGNATURE:

Brian M. Rapp
Brian M. Rapp

5/15/95

(305) 385-1950

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000065987 (7)

1. Corporation Name

J.M. & SONS, INC.

Principal Place of Business

**18817 NORTHWEST 83RD PLACE
MIAMI FL 33015**

Mailing Address

**18817 NORTHWEST 83RD PLACE
MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0522786

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHARDON, JULIO R
18817 NORTHWEST 83RD PLACE
MIAMI FL 33015**

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 title if applicable

(Signature) Registered Agent Signature (required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CHARDON, JULIO R**
STREET ADDRESS **18817 NORTHWEST 83RD PLACE**
CITY, ST, ZIP **MIAMI FL 33015**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/S/T** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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 110.07(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 on an attachment with an address.

SIGNATURE:

Julio R. Chardon

Julio R. Chardon

5-25-95

(305) 829-0053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)