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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

A REGISTRA IND ROLL FOR CHAIR COMIN COMIN

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033880 (2)

REALTIME DYNAMICS INTERNATIONAL, INC.

| | | | ···· | | | | | | | | | |
|---|---|--|---|-----------------------|-----------------|----------|--|--|-------------|---|-------------|----------------------|
| Principal Place of Business Mailing Address | | | | | | | | 110211021 1(0 (3(0) 0(1)) 94111 00111 20111 | | *************************************** | // WEST 1 | |
| 7675 BAY SHOP TREASURE ISLA | | | 7675 BAY SHORE DR. TREASURE ISLAND FL 33706-3519 | | | | | | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified 04/26/1995 | | ate of Last F 16/1996 | Repor | rt |
| 2. Principal Pl | lace of Business | 2a. M | ailing Address | | | | | 4. FEI Number | | A | pplied | d For |
| 21 | | 26 | | | | | | 59-3320065 | | | | plicable |
| Suite, Apt. | | 27 | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | \$8.75 Fee R | | |
| City & State | e | C | City & State | | | | | 6. Election Campaign Financing | | \$5.00 |) May | / Be |
| 23 | | 28 | | | | | | Trust Fund Contribution | | Added | | |
| Zip | Country | ₁ | | | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | | | |).032, |
| 24 | 25 9. Name and Addres | 29] ss of Current Register | ed Agent | [30] | Т | | | 10. Name and Address of New Re | | | | |
| TISD | ALE, HENRY F | | | | 81 | Ni | ame | | * | | | |
| | BAY SHORE DR. | | | | 82 | C. | raat Ad | Idraes (D.O. Doy N. robor in Not Accorde | da) | | | |
| | ASURE ISLAND FL 33 | 706 | | | | ગ | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| , , , , , , | | . • | | | 83 | | | | | | | |
| | | | | | 84 | Ci | ity | | FL | 85 Zip | Code | e |
| 11. Pursuant | to the provisions of Secti | ons 607 0502 and 607 | 1508 Florida Sta | tutes the a | .L | ล-กล | med co | progration submits this statement for the r | | Changing | its rec | aistered |
| office or r | registered agent, or both, | in the State of Florida | Such change wa | as authorize | ed by | the | corpo | orporation submits this statement for the pration's board of directors. I hereby access | t the app | xointment as | s regi | stered |
| | ин таппнаг улип, алы афсе | epruie obligations or, s | CUCUT 6U7.USUS, | FIDRIGA SIG | แนเษย | Š. | | | | | | |
| SIGNATURE | Signature: type I or printed name | of regionarios agent and title if a | pplicable (N | NOTE: Registere | ed Age | ent sig | nature rec | quired when reinstating) | DATE | | | |
| 12. | | FICERS AND DIRECTO | | 13. | | | | ADDITIONS/CHANGES TO OFFIC | CERS AND | O DIRECTO | AS IN | V 12 |
| TITLE | D | | ☐ DELETE | 1.1 7 | TITLE | | | | | Change | | Addition |
| NAME | TISDALE, HENRY F | | | 1.21 | NAME | | | | | | | |
| STREET ADDRESS | 7675 BAY SHORE D | | | 135 | STREET | ADDA | RESS | | | | | |
| City-St-ZiP | TREASURE ISLAND | FL 33706 | | 140 | DITY-S | 7-21F | <u> </u> | | | | | |
| ĦIL€ | | | ☐ DELETE | 2.1 1 | IITLE | | | | | L Change | L | Addition |
| NAME | | | | | 3MAV | | | | | | | |
| STREET ADDRESS | | | | 1 | STREET | | | | | | | |
| CITY - ST - ZIP | | | T priese | | CITY-S | ST - Z(| P | | | TT 65 | | 14400 |
| TITLE | | | DELETE | | TITLE | | | | | ☐ Change | L. | Addition |
| NAME DARKE ASSOCIATION | | | | | NAME | 100 | | | | | | |
| STREET ADDRESS | | | | | STREET | | | | | | | |
| CITY-ST-ZiP TiTLE | | | DELETE | | CITY-S TITLE | 51-21 | - | | | ☐ Change | | Addition |
| NAME | | | La becció | | NAME | | | | | | • | 3 / 120/11011 |
| STREET ADDRESS | | | | | STHEET | Anni | BESS | | | | | |
| CITY-ST-ZIP | | | | | DITY-S | | | | | | | |
| TITLE | | | DELETE | | TITLE | | | | | Change | L | Addition |
| NAMÉ | | | | 5.2 | NAME | | | | | | | |
| STREET ADDRESS | | | | 5.3 \$ | STREET | ADDE | RESS | | | | | |
| CITY-ST-ZIP | | | | 5.4 (| CITY-S | <u> </u> | , | | | | | |
| Trile | | | DELETE | 6.1 | TITLE | | | | | ☐ Change | | Addition |
| NAME | | | | 6.21 | NAME | | | | | | | |
| STREET ADDRESS | | | | 6.33 | STREET | ADDI | RESS | | | | | |
| CITY - ST - ZIP | | | | | CITY-S | | | | | | | , |
| 14. I do herel | by certify that the informa | ation supplied with this | filing does not qu | ialify for the | e exe | mpt | tion sta | ted in Section 119.07(3)(i), Florida Statute | s. I furthe | r certify the | at the | oath: the |
| Lam an o appears i | officer or director of the clin Block 12 or Block 12 or Block 12 or | orgoration or the receive changed, or on an att | er truster emp | owered to address. | exec 7 | cute | this rep | nat my signature shall have the same lega port as required by Chapter 607, Florida S | Statutes; a | ind that my | name | 9 9 |