Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90258 013 ***158.75

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000076162

1. Corporation Name

radio f	REQUENCY TECHNOLOG	ES INC							
Principal Place	e of Business	Mailing Address					11)) B#*** *##**	g.,, a., ., 5, 6 6	
7190 WILSON STREET HOLLYWOOD FL 33024 US 7190 WILSON STREET HOLLYWOOD FL 33024 US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			Ì
	·					10/05/1995			Sad Fac
Principal Place of Business 2a. Mailing Address						4. FEI Number 59-3347677			lied For Applicable - =
21		Suite, Apt. #, etc.		<u></u>		39-3347077		8.75 A	
27						5. Certifcate of Status Desired	<u> </u>	Fee Red	uired
City & State	e ′	City & State	1			6. Election Campaign Financing Trust Fund Contribution]	\$5.00 N Added to	
Zip	Country Zip			Country		8. This corporation owes the current		ible	_/
24	25 29 30			Personal Property Tax. ☐ Yes					₩No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regi	istered Age	<u>int</u>	
074	DUEV MADOADET			81	Name				
STARKEY, MARGARET			ţ	82	Street Address (P.O. Box Number is Not Acceptable)				
7190 WILSON STREET			ļ	<u> </u>					
HOLLYWOOD FL 33024				83				•	
					City		PL!	35 Zip C	į
office or r agent. I a SIGNATURE	to the provisions of Sections 607 use registered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	lations of, Section 607.0505, Floi	noa Statt	utes.	e corporation		DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE			1.1 τιτ	πŒ	1] Change	☐ Addition
NAME			1.2 NA	1.2 NAME		,			
STREET ADDRESS	1.00:11.2011 011.221		1.3 ST	1.3 STREET ADDRESS		•			
CITY-ST-ZIP			1.4 CI	1.4 CITY-ST-ZIP				7.05	- I Addition
TITLE			2.1 TI7	TLE			L] Change	Addition
NAME	STARKEY, RONALD J			AME					Ì
STREET ADDRESS				REETAL					
CITY ST-ZIP			_	rry-st-z	ZIP	·····		Change	Addition
TITLE		☐ DELETE						Jonango	
NAME			3.2 NA						Į
STREET ADDRESS				TREET AL					{
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,			3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
TITLE		C SELETE	4. 2 N		}				_
NAME				PREET AL	nnpees				ĺ
STREET ADDRESS	2			TY-ST-Z	Į.				ļ
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.1 TI				Ĺ] Change	Addition
TITLE NAME			5.2 NA		-				
STREET ADDRESS	,		i	TREETAL	DDRESS		,		1
CITY-ST-ZIP	ncoo		4	TY-ST-Z					į
TITLE			6.1 TI	TLE				Change	Addition
			62 NA	AMF					

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP