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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

14. I do hereby certify that the information s information indicated on this annual repul am an officer or director of the physical appears in Block 12 or Block 13 map

CITY-ST-ZIP



FI.ORIDA DEPARTMENT OF STATE
Sandra B. Mortham

APPROVED

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093022 (7)

REAL WORLD COMPUTING, INC.

Principal Place of Business Mailing Address 7700 N. KENDALL DRIVE 7700 N. KENDALL DRIVE SUITE 805 **SUITE 805** MIAMI FL 33156 MIAMI FL 33156-7597 3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0708205 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLAIZZI, STEVEN F 7700 N. KENDALL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 805 83 MIAMI FL 33156 84 City 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 4 appricable (NOTL: Hegistered Agent signature required whon reinstaling) 12. CICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELFTE PresideNT 1.1 THUE ☐ Change Addition STEVEN F. COLAIZZIVE, 805 NAME 1.2 NAM STREET ADORESS 1.3 STREET ADDRESS FL 33156 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE Change 2.1 JULE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY- ST-ZIP 5 1 1 Change □ A 5 1 1 5 2 − 0 6 1 1 5 2 − 0 0 3 DELETE TITLE 3.1 11111. NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS \*\*\*\*173.75 \*\*\*\*173.75 CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE TOLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Channe Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

oplied with this filing does not qualify for the exemption slated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the of or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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on an attachment with an address.