

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90014 001 ***600.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104037

1. Corporation Name

REAL-TIME ENCRYPTION, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

APPLIED FOR 65-0860219

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

2a. Mailing Address

21 Suite, Apt. #, etc. ---

26 Suite, Apt. #, etc. ---

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELMEDICO, REBECCA J
14 TARA LAKES DRIVE, EAST
BOYNTON BEACH FL 33436

81 Name Abram Malinski P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 20803 Biscayne Blvd.
83 Suite 200
84 City Aventura FL 85 Zip Code 33180

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)

4/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME TYTLER, JEFFREY F
STREET ADDRESS 265 S FEDERAL HWY 334
CITY-ST-ZIP DEERFIELD BEACH FL 33441

1.1 TITLE CEO/PRESIDENT ☐ Change ☐ Addition
1.2 NAME DOMINICK MAGGIO
1.3 STREET ADDRESS 1400 NW 9th AVENUE #2
1.4 CITY-ST-ZIP BOCA RATON FLORIDA 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE SEC/TREASURER ☐ Change ☐ Addition
2.2 NAME RUTH BALSAM
2.3 STREET ADDRESS 5850 CAMINO DEL SOL #306
2.4 CITY-ST-ZIP BOCA RATON FLORIDA 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME DAVID SAVITCH
3.3 STREET ADDRESS 1406 NW 20th AVENUE #1C
3.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (11/98)