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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000014299

RF DATA CORP.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90004 048 ***150.00



Principal Place of Business Mailing Address					I SOMESOME TEM SOURT INDIS MAILE NOUS MEDIT H	ALON TIBEL OFFICE TIBE	0 10118 FB11 1881
20496 SAUSALITO DRIVE 20496 SAUSALITO DRIVE						. *.	
BOCA RATON	FL 33498	BOCA RATON FL 33498					
					DO NOT WRITE IN TO	IS SPACE	
					3. Date Incorporated or Qualifed		İ
2. Principal F	Place of Business	2a. Mailing Address			02/12/1998 4. FEI Number		
21 1738 COSTA DEL SOL 26 1738 (OST				Dez Su	G5-0816850		pplied For
Suite, Apt		Suite, Apt. #, etc.	,, ,,		63-0016830		ot Applicable
22 BOCA RATON FL 27 BOCA RAS			TON	4. FEI Number 65-08/68 5. Certificate of Status Des			Additional equired
23 334	y & State City & State 28 33432		USA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip Cou		у	8. This corporation owes the current year		101003
24	25		30		Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere		
DEE	N/E 040V 14		8	1 Name			
	RKE, GARY M		8:	Street Address	on (P.O. Pay Number in Net Assessed 1)		
20496 SAUSALITO DRIVE				Street Addres	ss (P.O. Box Number is Not Acceptable)		
BOC	CA RATON FL 33498		8:	3			
•			_	1 2			
			84	1 City	F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abov	e-named corpor	ration authority this statement for the		registered
	registered agent, or both, in the State im familiar with, and accept the obligat				i's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE		,,,, 1 10110	oo omme	3 ,			1
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Age	int signature required w	when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	BERKE, GARY M		1.2 NAME				
STREET ADDRESS	20496 SAUSALITO DRIVE		1.3 STREE	TAODRESS			Ţ
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY- S	ST-ZIP			ĺ
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	TODOR, MARIUS		2.2 NAME			_ •	
STREET ADDRESS	2000 NE ACTU CEDEST		2.3 STREE	TADDRESS			1
CITY-ST-ZIP	LICHTHOUSE DOINT ST. 20004		2. 4 CITY-1	ST-ZIP]
TITLE			3.1 TITLE		<u> </u>	☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	1			T ADDRESS			ľ
CITY-ST-ZIP			3.4. CITY-5				1
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS				TADDRESS			1
CITY-ST-ZIP			4.4 CITY-S				
TITLE		DELETE	5.1 TITLE	, <u>sell</u>		Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S		•		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	}		- eviorable	-1 - 100mOrt
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST				
				i			,

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:

GARY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR