


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90155 011 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>																																																													
<b>DOCUMENT # P98000034447</b> 1. Corporation Name <b>REAL TIME RESOURCE MANAGEMENT, INC.</b>																																																															
Principal Place of Business 3011 N.W. 23RD WAY FORT LAUDERDALE FL 33311		Mailing Address 3011 N.W. 23RD WAY FORT LAUDERDALE FL 33311																																																													
DO NOT WRITE IN THIS SPACE																																																															
2. Principal Place of Business 21 <b>1215 NORTH FLAGLER DR.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1215 North Flagler Drive</b> Suite, Apt. #, etc.																																																													
22 City & State 23 <b>Fort Lauderdale FL</b>		27 City & State 28 <b>Fort Lauderdale FL</b>																																																													
24 Zip <b>33304</b> 25 Country <b>USA</b>		29 Zip <b>33304</b> 30 Country <b>USA</b>																																																													
9. Name and Address of Current Registered Agent <b>FIELD, JACK</b> <b>515 N.E. 4TH ST.</b> <b>FORT LAUDERDALE FL 33301</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1215 North Flagler Drive</b> 83 84 City <b>Fort Lauderdale</b> FL 85 Zip Code <b>33304</b>																																																													
11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 <i>[Signature]</i> DATE <b>4/20/99</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td><b>JACK FIELD</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>PRESIDENT</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1215 NORTH FLAGLER DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FORT LAUDERDALE FL 33304</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	<b>JACK FIELD</b>	<input type="checkbox"/> DELETE	NAME	<b>PRESIDENT</b>		STREET ADDRESS	<b>1215 NORTH FLAGLER DRIVE</b>		CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99 974/523-6002