PROFIT : **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000034447
1. Corporation Name	•

REAL TIME RESOURCE MANAGEMENT, INC.

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

04-23-1999 90155 011 ***150.00

Principal Place of Business Mailing Address				
3011 N.W. 23RD WAY 3011 N.W. 23RD WAY		Į.		
HONI LAUDENDALE PL 33311 FORT LAUDENDALE PL 3331	LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed	
		04/14/1998		ļ
2. Principal Place of Bysiness + 1 2a. Mailing Address	F1 8	4. FEJ Number	Applied F	For
27 1215 NORTH Flables DR 26 1215 North	Flagler Drive	65-0827//	Not Appl	icable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Addition	nai (
22 27		5. Certificate of Status Desired	Fee Required	<u>.</u>]]
ty & State / City & State,		6. Election Campaign Financing	\$5.00 May 8	30
23 For Launervale - L- 28 For LAUNCE	COALES FL	Trust Fund Contribution	Added to Fee!	
Zip Country Zip	Country	8. This corporation owes the current year Intang	gible	
24 33304 25 MALUSA 20 33304 3	o USA		Yes ZNo	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Ag	ent	
	81 Name			}
FIELD, JACK	82 Street Addre	on /E O. Poy Number is Not Acceptable)		} ;
515 N.E. 4TH ST.	82 Street Addre	ss (P.O/Box Number is Not Acceptable) DRII	re	ĺ
FORT LAUDERDALE; FL 33301		THURST LIST STATE OF THE STATE		
//				—┤ ˈ
//	84 City Graz	r Loudardale FL	85 1 25 25 32	×4.
11/ Pursuant to the provisions of Seutons 607 0502 and 607 1808. Florida Statutes	the above-named corpo	ration submits this statement for the purpose of ch	anging its registe	ered
11 Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes office or registered agent, or both, in the State of Blonds, Such change was authorized. I am familiar virit and succept the obligations of Section 607.0805, Florida	horized by the corporation	n's board of directors. I hereby accept the appointment	nent as registere	. ا ته
	a Statutes.	4/20	laa	1;
SIGNATURE Students boot of certain name of recipiered agent and use of the placeted (NOTE: R	legistered Agent signature required	when reinstating) DATE	//	اِ (–
0FFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	12 2
TIME JACK FIELD DELETE	1.1 TITLE		Change /	Addition
NAME PRESIDENT	12 NAME			
STREET ADDRESS 1-215 NORTH FIRGER DRIVE	1.3 STREET ADDRESS			{
GITY-ST-ZE FORT LAUDERDALE E133301	1.4 CITY-ST-ZIP			3
TITLE DELETE	21 TITLE		Change []	Addition
NAME	2.2 NAME			
STREET ADDRESS	2.3 STREET ADDRESS			<u> </u>
[···-	2.4 CITY-ST-ZIP			1 '
CITY-ST-ZIP DELETE:	3.1 TILE .	, , - ,	Change 1	Addition "
	32 NAME	_	- , –	1
NAME .	3.3 STREET ADDRESS			ļ
STREET ADDRESS	34. CITY-ST-ZIP			
CITY-ST-ZEP DELETE	4.1 TIRE		Change []	Addition
	4.2 NAME		- ,	ł
NAME	~			i
STREET ADDRESS .	4.3 STREET ADDRESS			
	1			
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TITLE DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	С	Change [] A	Addition
TITLE DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	C] Change	Valdition
TITLE DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	C] Change	Addition
TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE DELETE NAME STREET ADDRESS	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			Addition Addition
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TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			

14. I hereby certify that the information supplied with this filling 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 is 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 for director of the corporatory or he receipt or trustee empowered to execute this report as required by Chapter 507. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of an attachment with an entires with an other like empowered.