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

04-26-1999 90014 001 ***600.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000071979

1. Corporation Name

REAL-TIME CASH, INC.

Principal Place of Business

265 SOUTH FEDERAL HIGHWAY #335
DEERFIELD BEACH FL 33441

Mailing Address

265 SOUTH FEDERAL HIGHWAY #335
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1998

4. FEI Number

65-0875154

Applied For

No Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DEL MEDICO, REBECCA J ESQ.
14 TARA LAKES DRIVE EAST
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name

Norman Malinski P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

20803 Biscayne Blvd.

83

Suite 200

84 City

Aventura

85

Zip Code

FL 33180

11. Pursuant to the provisions of Sections 607.0507 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)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CEO/PRESIDENT

☐

Change

☐

Addition

1.2 NAME

DOMINICK MAGGIO

1.3 STREET ADDRESS

1400 NW 9TH AVENUE #21

1.4 CITY-ST-ZIP

Boca Raton Florida 33433

2.1 TITLE

SEC TREASURER

☐

Change

☐

Addition

2.2 NAME

FRANK BALSAM

2.3 STREET ADDRESS

5850 CAMINO DEL SOL #306

2.4 CITY-ST-ZIP

Boca Raton, Florida 33433

3.1 TITLE

ID

☐

Change

☐

Addition

3.2 NAME

DAVID SWITCH

3.3 STREET ADDRESS

1400 NW 9TH AVENUE #10

3.4 CITY-ST-ZIP

Boca Raton, Florida 33433

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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)