SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

War Fleren

Jul 27 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 1. Corporation Name RHYTHM MODULES INC. Principal Place of Business Mailing Address 480 MARTIN RD. 480 MARTIN RD. MARGATE FL 33068 MARGATE FL 33068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1992 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 26 65-0478272 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BISSONNETTE, ROBERT P 721 N.E. 3RD AVENUE Street Address (P.O. Box Number Is Not Acceptable) FORT LAUDERDALE FL 33304 83 84 City 85 Zip Code 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) (2/38)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition CR2E034 NAME **DINKINS, LARRY** 1.2 NAME 5940 NW 14 CT STREET ADDRESS 1.3 STREET ADDRESS **SUNRISE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition SOLOMON, LAWRENCE P 2.2 NAME NAME 9430 NW 21 MANOR STREET ADDRESS 2.3 STREET ADDRESS **SUN**RISE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP STD TITLE 3.1 TITLE DELETE Change Addition LEVENSON, SCOTT 3.2 NAME NAME 480 MARTIN RD STREET ADDRESS 3.3 STREET ADDRESS MARGATE FL 33068 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition BRAFF, HUMPREY NAME 4.2 NAME 6211 NW 14 PL STREET ADDRESS 4.3 STREET ADDRESS SUNRISE FL 33314 CITY-ST-ZIP 4.4 CITY-ST-ZIP 500002603 TITLE DELETE 5.1 TITLE **~07/**31/98---01004 NAME 5.2 NAME ***150.00 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITI F 6 1 T/M F DELETE ___ Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

Scott Levenson

FILED

RHYTHM MODULES INC. 480 MARTIN RD. MARGATE FL 33068

To who it may concern

This letter is in reference to the filing fee of the annual corporation report. The first notice was not received in the mail. I received the second notice the first week of July. I called immediately and talked to a representative, who informed me to write this letter concerning this matter.

Inclosed is a check for \$150.00 as per my conversation on the phone with your representative.

Sincerely Scott Levenson

Scott Leverson