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**FILED**  
**Feb 17, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F95000006002**

1. Corporation Name  
**REALMARK HOLDINGS CORP.**

02-17-1999 90020 048 \*\*\*150.00



Principal Place of Business  
 5570 GLENRIDGE DR.  
 ATLANTA GA 30342

Mailing Address  
 P.O. BOX 421669  
 ATLANTA GA 30342  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/08/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

58-1913629

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

FL

85 Zip Code

11. 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  DELETE  
 NAME CARPENTER, RICHARD W  
 STREET ADDRESS 5570 GLENRIDGE DR.  
 CITY-ST-ZIP ATLANTA GA 30342

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE V  DELETE  
 NAME WILKINS, JERE E  
 STREET ADDRESS 5570 GLENRIDGE DR.  
 CITY-ST-ZIP ATLANTA GA 30342

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE V  DELETE  
 NAME DAVIS, RICHARD S  
 STREET ADDRESS 5570 GLENRIDGE DR.  
 CITY-ST-ZIP ATLANTA GA 30342

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE V  DELETE  
 NAME FARLESS, LUTHER  
 STREET ADDRESS 5570 GLENRIDGE DR.  
 CITY-ST-ZIP ATLANTA GA 30342

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE S  DELETE  
 NAME THOMAS, GEORGE  
 STREET ADDRESS 55 RAILROAD AVE.  
 CITY-ST-ZIP GREENWICH CT 06830

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE DC  DELETE  
 NAME PHELPS, SANFORD N  
 STREET ADDRESS 55 RAILROAD AVE.  
 CITY-ST-ZIP GREENWICH CT 06830

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)