FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K04142

(1)

Apr 24 1998 8:00am Secretary of State

FILED

REAL MARKETING GROUP, INC.				
Principal Place	e of Business	Mailing Address		
3492 N. UNIVERSITY DRIVE 3492 N. UNIVERSITY DRIVE				
SUNRISE FL 33351 SUNRISE FL 33351				
US		U\$		DO NOT WRITE IN THIS SPACE
Ì				3. Date Incorporated or Qualified 11/30/1987
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0038784 Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 Name and Address of Currer		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent BAUMAN, JEROME A. 81 Name				
7600 DETERÓ DO				
	TE E-103		82 Stree	reet Address (P.O. Box Number is Not Acceptable)
	ANTATION FL 33324		83	
			84 City	ty 85 Zip Code
<u> </u>				<u> </u>
11. Pursuant t	to the provisions of Sections 607.050	02 and 607,1508. Florida Statute	s, the above-name	med corporation submits this statement for the purpose of changing its registered
agent I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE .		<u>.</u>		
12.	Signature, typed or printed frame of registered ap-	ont and fille if opplicable (NOTE ID DIRECTORS	Hegistered Agent signali	mature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OP	DELETE	1.1 TITLE	Change Addition
NAME	ABOVITZ, ISAAC		1.2 NAME	_ , _
STREET ADDRESS	3492 N. UNIVERSITY DRIVE		1.3 STREET ADDRESS	NESS .
CITY-ST-ZIP	Sunrise fl		1.4 CITY - ST - ZIP	
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	ESS
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
THILE		☐ DELETE	3.1 THTLE	Change Addition
NAME			3.2 NAME	,
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP TITLE		DELETE	34. CITY-S1-ZIP	Change Addition
NAME		La pecere	4.1 311LE 4.2 NAME	Orange Aponion
STREET ADDRESS			4.3 STREET ADDRESS	1850
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	Change Addition
NAME		•	5.2 NAME	
STREET ADDRESS	•		5.3 STREET ADDRESS	ESS
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6 1 TIFLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	ÆSS .
CITY-ST-ZIP			6.4 City-St-ZiP	<u> </u>

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath, that I am an officer or director of the corporation or the receiver or trustose empowered to execute his 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.

SIGNATURE

Isnac About W

4-10-91 (954) 742-62732