**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90218 005 \*\*\*150.00

חחכו	IMENT #	E76001

DOCUMENT # 576281									
REALMARK RESEARCH, INC.									
Principal Place of Business	Mailing Address			- I Jeniki Mitit tenin gilin ilini imint nini nini nini nini	/I <b>W</b> IL 1	AINT NINT AINT ION			
2699 STIRLING RD S-A-303 FT LAUDERDALE FL 33312	2699 STIRLING RD S-A-303 FT LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPA	ACE	<u></u>			
US	U\$			3. Date Incorporated or Qualifed					
			06/20/1978		· · · · · · · · · · · · · · · · · · ·				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 59-1870491	_	Applied For Not Applicable			
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.					75 Additional e Required			
City & State	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees			
Zip Country 25	Zip Co 29 30	untry			Yes	□No			
9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Age	nt				
GRUBER, MAURICE 2699 STIRLING RD		81	Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
S-A303 FT LAUDERDALE 33312	83								
		84 City		FL		Zip Code			
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</li> </ol>	of Florida. Such change was authorize	d by	the corporation	oration submits this statement for the purpose of char n's board of directors. I hereby accept the appointme	ngin ent a	ng its registered as registered			

SIGNATURE										
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature rec								
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	P DELETE	1.1 TITLE	☐ Change	☐ Addition						
NAME	GRUBER, MAURICE	1.2 NAME								
STREET ADDRESS	5031 N.36 STREET	1.3 STREET ADDRESS								
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP								
TITLE	ST DELETE	2.1 TITLE	☐ Change	☐ Addition						
NAME	GRUBER, SARA	2.2 NAME								
STREET ADDRESS	5031 N.36 STREET	2.3 STREET ADDRESS		İ						
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP								
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition						
NAME		3.2 NAME								
STREET ADDRESS		3.3 STREET ADDRESS								
CITY-ST-ZIP		3.4 CITY-ST-ZIP								
TITLE	☐ DELETE	4.1 TITLE	Change	☐ Addition						
NAME		4. 2 NAME								
STREET ADDRESS		4 3 STREET ADDRESS								
CITY-ST-ZIP		4.4 CITY-ST-ZIP								
TITLE	☐ DELETE	5.1 TITLE	Change	☐ Addition						
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET ADDRESS		1						
CITY-ST-ZIP		5.4 CITY-ST-ZIP								
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition						
NAME		6.2 NAME		į						
STREET ADDRESS		6.3 STREET ADDRESS								
OUT OF THE		64 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:

954-9666169 Daytime Phone #