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[illegible]

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F50462				(3)	
1. Corporation Name EISENBERG FINANCIAL GROUP, INC.					
Principal Place of Business 5150 NO. TAMAMI TRAIL #300 NAPLES FL 33940			Mailing Address 5150 NO. TAMAMI TRAIL #300 NAPLES FL 34103-2818		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		25 Country		28 Zip	
24 34103		25		29 Country	
24 34103		25		29 30	
9. Name and Address of Current Registered Agent					
EISENBERG, GLENN M 3734 ROYAL FERN CT BONITA SPRINGS FL 33028 34134				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE X [Signature] (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
13.					
1.1 TITLE		1.2 NAME			
1.3 STREET ADDRESS		1.4 CITY - ST - ZIP			
2.1 TITLE		2.2 NAME			
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP			
3.1 TITLE		3.2 NAME			
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP			
4.1 TITLE		4.2 NAME			
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP			
5.1 TITLE		5.2 NAME			
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP			
6.1 TITLE		6.2 NAME			
6.3 STREET ADDRESS		6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: X [Signature] REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					