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

**PROFIT CORPORATION** ANNITAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	1998			DIVISION OF C			y of State ORPORATIONS		Secretary of State
D.	OCUMEN Corporation Name EISENBERG FI		F5046 CIAL GROUP,		<b>\</b>				1 (88) (88) (80) (80) (80) (80) (80) (80)
Principal Place of Business				Mailing Address					
5150 NO. TAMIAMI TRAIL			5150 NO. TAMIAMI TRAIL						
#300 NAPLES FL 34109			#300 NAPLES FL 33940					DO NOT WRITE IN THIS SPACE	
US								3. Date Incorporated or Qualified	
<u></u>	B	-,							10/21/1981
	Principal Place of Bu	sinoss		2a.	Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.					Suite, Apt. #, etc.				59-2136596   Not Applicable
22				<b>├</b> ~¬	27				5. Certificate of Status Desired Fee Required
	City & State	ity & State				City & State			6. Election Campaign Financing \$5.00 May Be
23				28					Trust Fund Contribution Added to Fees
_	Zip	$\vdash$	Country		Zip	Cou	ntry	r	This corporation owes or has paid the current year Intangible
24	0 Nam	25	Address of Curr	29	red Agent	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
<del>                                     </del>				one mograte			Bi	Name	10, Name and Applicate of Non Hogistered Agent
EISENBERG, GLENN M 3734 ROYAL FERN CT BONITA SPRINGS FL 34134								Ctroot Aric	Idress (P.O. Box Number is Not Acceptable)
								Slieel Add	diess (F.O. box Number is Not Acceptable)
								City	85 Zip Code
44	Dan est to the acco	1=!	-10 - Kono 607.0	(00 1 00)	1 1500 Etailda Ola	la a Alian a fa		L	FL   69 Zip Code
111.	office or registered	isions agent,	or both, in the St	te of Florida	. Such change was	ies, the ac authorized	jove i by	∍named cor / the corpor€	urporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	<b>V</b>	with, a	puraccept the obj	nations of,	Section 607.0505, FI	orida State	ules	i.	1/20/08
SIG	SNATURE Sonaluro, typ	od or pri	and name of registere	agent and title if	applicable. (NOI	I : Registered	Age	nt signature requ	quirod when reinstating) DATE
12.			OFFICERS A	ND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITL	'-	<b></b>	0.510144		DELETE	1.130			☐ Change ☐ Addition
NAM			, GLENN M			1.2 NAI		4000000	
			. Fern CT Rings Fl			1.3 SH 1.4 GB		ADDRESS	
TITU		N OF	IIIOO I L		DELETE	2.1 111		1.711	Change Addition
NAM	1					2.2 NA	ME		, –
STRE	EET ADDRESS					2.3 \$1	RLET.	ADDRESS	
CITY	-ST-ZIP					2. 4 CI		51 - 21P	
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NAM						3.2 NAI			
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NAM						4. 2 NA	AME		
STAE	ET ADDRESS					4.3 STR	REET	ADDRESS	
CITY	- ST - ZiP	<b>.</b>				4.4 CH	Y-\$1	1-21P	
TITLE	1				L. DELETE	5.1 TITE		}	Change Addition
NAM						5.2 NAI		1	
	ET ADDRESS							ADDRESS	
TITLE	-ST-ZIP				DELETE	5.4 CIT 6.1 THT		1-70P	☐ Change ☐ Addition
NAM						6.2 NA			
	ET ADDRESS							ADURESS	
01714									

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.

Feb 06 1998 8:00am