Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90105 045 \*\*\*150.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F50462**

1. Corporation Name

Principal Place of Business

EISENBERG FINANCIAL GROUP, INC.

5150 NO. TAMIAMI TRAIL		5150 NO. TAMIAMI TRAIL							
#300 NAPLES FL 34103		#300 Naples fl. 33940				DO NOT WRITE IN THIS SPACE			
US	w	MAPLES FL 33940			3. Date Inco	3. Date Incorporated or Qualifed			
00					10/21/1	981		- 1	
2 Principal Pl	ace of Business	-2a. Mailing Address			4. FEI Numb			Applied For	
· · ·	ace of Desiress	26			59-2130			Not Applicable	
Suite, Apt.	# ata	Suite, Apt. #, etc.					\$8.75	Additional	
<del></del>		27			5. Certifcate	of Status Desired		Required	
City & State		City & State			€ Election (	Campaign Financing	\$5.0	0 May Be	
<del></del>		— ·	28			d Contribution	1	d to Fees	
23 Tin	Country	Zip	Country		<del></del>	oration owes the current			
Zip			¬ '		\ -		Yes	□No	
24	25   29   30   9, Name and Address of Current Registered Agent			Personal Property Tax.					
	9. Name and Address of Cure	iit Kagisterad Agailt	81	Name		11			
i. EIGE	NBERG, GLENN M	,		(	FLENN	11. Else	NBERG		
I.	ROYAL FERN CT		82 Street Ac		ddress (P.O. Box Number is Ng1 Acceptable)				
	ITA SPRINGS FL 34134		83	<u>-</u>	(22, 11	HUTOU C	<u> </u>		
BUN	IIA SPRINGS FL 34134		03						
			84	City	2	Can	85 Zj	p Code	
Ì					DONITA	SPRINGS	- <b>TL</b>   15	39134 <u> </u>	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes,	the above	e-named o	corporation submits t	his statement for the pur	rpose of changing	its registéred   registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	a Statutes		ration's board or dire	ctors. I neteby decept to	ю аррошино, и оо	/og/oto.ou	
SIGNATURE								Į	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re	gistered Ager	nt signature re	equired when reinstating)		DATE		
12.	OFFICERS A	ND DIRECTORS	13.			S/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1.1 TITLE			184 GLENN LIBU COVE SPRING	Chang	ge	
NAME	EISENBERG, GLENN M	İ	1.2 NAME	ļ	EISENBE	Ro- O-LEND	• • • • • • • • • • • • • • • • • • • •	Į	
STREET ADDRESS	3734 ROYAL FERN CT		1.3 STREET	T ADDRESS	222 HA	LIBU COVE	_ سـر	24126	
CITY-\$T-Z!P	BONITA SPRINGS FL		1.4 CITY-S	T-ZIP	BONITA	+ SPRING	s + L:	39134	
TITLE	DOTALLY OF FRANCE ,	☐ DELETE	2.1 TITLE				Chang	je 🔲 Addition	
NAME			2.2 NAME	-				į	
STREET ADDRESS			2.3 STREE	LADDRESS		• • •	~ .		
			2.4 CITY-5					-	
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	)1-ZJF			Chanc	e Addition	
TITLE								, –	
NAME			3.2 NAME	F + DODE 00					
STREET ADDRESS			3.3 STREE	1					
CITY-ST-ZIP		T DELETE	3.4. CITY-S	T-ZIP			Chang	e Addition	
πιε		☐ DELETE	4.1 TITLE	}					
NAME			4, 2 NAME					1	
STREET ADDRESS	•			TADDRESS				İ	
CITY-ST-ZIP			4.4 CITY-S	T- ZIP			- Gei	- Addition	
TITLE		☐ DELETE	5.1 TITLE	ļ	_		☐ Chang	ge 🗌 Addition (	
NAME			5.2 NAME		•	•	-		
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Chanç	ge	
NAME			6.2 NAME						
STDEET ADODESS			6.3 STREE	TADDRESS				ì	

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP