

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:24

DOCUMENT # **L22311 (9)**

1. Corporation Name
REAL FACTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
15 CROSSROADS SUITE 292 SARASOTA FL 34239 US **% WILLIAM J. FULLER, III 1530 CROSS STREET SARASOTA FL 34236**

3. Date Incorporated or Qualified **10/11/1989** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

4. FEI Number **65-0176582** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FULLER, WILLIAM J. 1530 CROSS ST SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROMITO, LARRY D.
STREET ADDRESS	4849 PEREGRINE PT. CIR N
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	ROMITO, SHARON L.
STREET ADDRESS	4849 PEREGRINE PT. CIR N
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CASON, JAMES H.
13 STREET ADDRESS	5341 LANDINGS BLVD.
14 CITY - ST - ZIP	SARASOTA, FL. 34231
21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CASON, FRANCES L.
23 STREET ADDRESS	5341 LANDINGS BLVD.
24 CITY - ST - ZIP	SARASOTA, FL. 34231
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: James H. Cason **JAMES H. CASON** Date: **4-10-95** (812) 923-2127