

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000038878

1. Corporation Name

REALM ENTERPRISES, INC.

Principal Place of Business

3017 SPANISH RIVER RD
BOCA RATON FL 33432
US

Mailing Address

3017 SPANISH RIVER RD
BOCA RATON FL 33432
US

2. Principal Place of Business

21 1152 S.W. 20 STREET

Suite, Apt. #, etc.

2a. Mailing Address

26 1152 S.W. 20 STREET

Suite, Apt. #, etc.

22

27

City & State

28 City & State

23 BOCA RATON FL

28 BOCA RATON FL

Zip

Zip

24 33486

29 33486

Country

30 USA

9. Name and Address of Current Registered Agent

TARANGELLO, PETER P
123 D-2 LAKE PINE CIRCLE
LAKE WORTH FL 33468

81 Name

L. A. SONNIE

82 Street Address (P.O. Box Number is Not Acceptable)

10893 GABLE STREET

83 City

BOCA RATON

FL

84 Zip Code

33428

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 office 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

CR2E034. (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	KRÖNENBERG, PHILIPP		1.2 NAME
STREET ADDRESS	3017 SPANISH RIVER ROAD		1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90055 048 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1994

4. FEI Number

65-0508221

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Election Campaign Financing



\$5.00 May Be

Trust Fund Contribution



Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.



Yes



No

10. Name and Address of New Registered Agent

81 Name

L. A. SONNIE

82 Street Address (P.O. Box Number is Not Acceptable)

10893 GABLE STREET

83 City

BOCA RATON

FL

84 Zip Code

33428

4/1/99 954-284-2802

Date

Daytime Phone #