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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094360 (0)

REALITY ENTERPRISES, INC.

Principal Place of Business	Mailing Address		
4113 W HORATIO ST TAMPA FL 33609	4113 W HORATIO ST TAMPA FL 33609		
2. Principal Place of Business	2s. Mailing Address		

FILED Mar 18 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

11/14/1996 4. FEI Number

21	26			59-3411228	Not Applicable			
Suite, Ap	ot. #, etc.	etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Reguland		
City & S	ate City & State				6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Country 30	/	This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent year Intangible		
9. Name and Address of Current Registered Agent			<u> </u>		10. Name and Address of New Registered			
PAYNE, SANDRA L				Name				
4217 SAN RAFAEL ST TAMPA FL 33829			-	82 Street Address (P.O. Box Number is Not Acceptable)				
			02	5(199) Address (F.O. Box Number is not Acceptable)				
			83					
			ļ <u>.</u> .					
			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								
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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATUR	Signature, typed or printed name of registered agen	and tillout applicable (NOTE	Registered Ag	ent signature require	ed when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DPT	☐ DELETE	1.1 TITLE	Į		☐ Change ☐ Addition		
NAME	PALMER, MARYNELL B		1.2 NAME	İ				
STREET ADDRES	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.3 STREE	T ADDRESS		·		
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-	ST-ZIP				
TITLE	DVS	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition		
NAME	PALMER, DENISE D		2.2 NAME	l				
STREET ADDRES	S 4113 W HORATIO ST		2.3 STREE	T ADDRESS	TIME NAME	· ·		
CITY-ST-ZIP	TAMPA FL 33609		2.4 CITY-	ST-ZIP				
TITLE	1	☐ DELETE	3.1 THILE			☐ Change ☐ Addition		
NAME			3.2 NAME					
STREET ADDRES	is		3.3 STREE	T ADORESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition		
NAME			4. 2 NAME					
STREET ADDRES	is		4.3 STREE	T ADDRESS		j		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition		
NAME			5.2 NAME					
STREET ADDRES	is		5.3 STREE	T ADDRESS		1		
CITY - ST - ZIP	1_		5.4 CITY-1	ST-ZIP				
TITLE		DELETE	6.1 THTLE			Change Addition		
NAME			6.2 NAME					
OTDERT ADDRES	ν.			7 ADDOCCC				

14. I hereby certify that the information supplied with this filling 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 cheaped, or on an attachment with an address.

Palmer DENISE PALMER

8132893219