PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046105 1. Corporation Name

FINANCIAL REALITY, INC.

Principal	Place	of	Business	

Mailing Address

3840 WEST HILLSBORO BOULEVARD DEERFIELD FL 33442

COLEMAN, ANTHONY G JR

DEERFIELD FL 33442

3840 WEST HILLSBORO BOULEVARD

3840 WEST HILLSBORO BOULEVARD DEERFIELD FL 33442

2. Principal Pla	ace of Business	2a. Mailing Address	
21		[26]	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip Court	try
24	25	29 [30]	
• • • • • • • • • • • • • • • • • • • •	9. Name and Address of Co	rrent Registered Agent	

FILED

99 MAR 29 PH 12: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3.	Date Incorporated c	or Oualifed
	05/21/1998 FEL Number	** ** ** *

Applied For Not Applicable \$8.75 Additional

- 5. Certificate of Status Desired 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

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81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 85 Zip Code

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. Thereby act cot the appointment as registered agent, am familiar with, and accept the poligations of Section 607.0505, Florida Statutes.

SIGNATURE	Signature of or printed harve of registered agent and little if applicable (NOTE is	g stered Agent signators requi	ered when reducting
12.	FFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
TITLE	D DELETE	11 TITLE	[] Change
NAME	EISENBERG, MARGARET W	1.2 NAME	time after a
STREET ADDRESS	3840 WEST HILLSBORO BOULEVARD	13 STREET ADDRESS	300002830593
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NAME		3 2 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	

PRS IN 12 Addition 017

50 TID ______

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[] Change [] Addition

[] Change [| Addition

[| Change []] Addition

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered

4 3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

51 TITLE 52 NAME

61 TITLE

6.2 NAME

TITLE

TITLE

NAME

NAME

STREET ADDRESS

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CITY-ST-ZIP

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Daytine Phone #