

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002613 (4)
 1. Corporation Name
REALMARK - PLAYERS MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2350 NORTH FOREST RD GETZVILLE NY 14068	Mailing Address 2350 NORTH FOREST RD GETZVILLE NY 14068
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3. Date Incorporated or Qualified 05/16/1997	
4. FEI Number 16-1521599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE STE 200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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. 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCT	<input type="checkbox"/> DELETE
NAME	JAYSON, JOSEPH	
STREET ADDRESS	2350 NORTH FOREST ROAD	
CITY-ST-ZIP	GETZVILLE FL 14068	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TALANSKY, ALAN	
STREET ADDRESS	2665 SO BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLMERAUER, MICHAEL J	
STREET ADDRESS	2350 NO FOREST RD	
CITY-ST-ZIP	GETZVILLE FL 14068	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JAYSON, JOSEPH	
STREET ADDRESS	2350 NO FOREST RD	
CITY-ST-ZIP	GETZVILLE NY 14068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAYSON, JUDITH	
STREET ADDRESS	2350 NO FOREST RD	
CITY-ST-ZIP	GETZVILLE FL 14068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Joseph M. Jayson* **JOSEPH M. JAYSON** (716) 436-0280

CR2E034 (10/97)