

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90071 015 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F97000002613

1. Corporation Name
REALMARK - PLAYERS MANAGEMENT, INC.



Principal Place of Business
**2350 NORTH FOREST RD
 GETZVILLE NY 14068**

Mailing Address
**2350 NORTH FOREST RD
 GETZVILLE NY 14068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/16/1997

4. FEI Number
16-1521599 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip 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

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. 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, with all other like empowered.

SIGNATURE: _____ DATE: **02/13/99** (716) 636-0280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)