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FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90048 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 715400

1. Corporation Name
ROYAL ATLANTIC ASSOCIATION INC.

Principal Place of Business

465 OCEAN DRIVE
3RD FLOOR
MIAMI BEACH FL 33139

Mailing Address

465 OCEAN DRIVE
3RD FLOOR
MIAMI BEACH FL 33139



2. Principal Place of Business

21 Same

2a. Mailing Address

26 465 Ocean Drive

3. Date Incorporated or Qualified

10/10/1968

Suite, Apt. #, etc.

22 Room 300

Suite, Apt. #, etc.

27 Room 300

4. FEI Number

59-1349044

Applied For

Not Applicable

City & State

23 Miami Beach, FL

City & State

28 Miami Beach, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 33139 25 30

Zip Country

29 33139 30

6. Election Campaign Financing...

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SMELER, BRUCE J.
100 SE 2ND ST.
SUITE 3940
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Bruce Smoler
82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E 2nd street
83 Suite 2620
84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, SIDNEY Z	
STREET ADDRESS	465 OCEAN DR., #704	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROSELL, MARGIE	
STREET ADDRESS	465 OCEAN DRIVE APT 505	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCHERR, RUTH	
STREET ADDRESS	465 OCEAN DRIVE #706	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LINDER, BERNICE	
STREET ADDRESS	465 OCEAN DRIVE APT 315	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELLMAN, SHELIA	V. President
STREET ADDRESS	465 OCEAN DRIVE APT 622	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, HOWARD	
STREET ADDRESS	465 OCEAN DRIVE APT 1007	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frank T. Hammons	
1.3 STREET ADDRESS	465 Ocean Drive, #319	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	Vice-president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sheila Hellman	
2.3 STREET ADDRESS	465 Ocean Drive, #622	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LILA TERRY	
3.3 STREET ADDRESS	465 Ocean Drive, #510	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hans VanderMeer	
4.3 STREET ADDRESS	465 Ocean Drive, #1116	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARIO Bequinistain	
5.3 STREET ADDRESS	465 Ocean Drive, #317	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	George ONIK	
6.3 STREET ADDRESS	465 Ocean Drive, #1115	
6.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	

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 617, 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 REQUIRED

4/6/99

305-672-7945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)