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FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715519 (5)

1. Corporation Name

ROYAL MARINER OF FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

3100 NE 49TH STREET
#409
FT LAUDERDALE FL 333083100 NE 49TH STREET
#409
FT LAUDERDALE FL 33308-49413. Date Incorporated or Qualified
11/05/19683a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARSON, NELS R.
3100 NE 49TH STREET #506
FT LAUDERDALE FL 33308

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEARSON, NELS	
STREET ADDRESS	3100 NE 49TH ST., #506	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ESTRADA, HENRY	
STREET ADDRESS	3100 NE 49TH STREET #907	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAY HUDSON	
STREET ADDRESS	3100 NE 49TH ST #604	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALBIN, HELEN L.	
STREET ADDRESS	3100 NE 49TH STREET #101	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SANFORD SALLERSON	
STREET ADDRESS	3100 NE 49TH ST #205	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLASSEN, DAVID	
STREET ADDRESS	3100 NE 49TH STREET #803	
CITY-ST-ZIP	FT LAUDERDALE FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEARSON, NELS	
1.3 STREET ADDRESS	3100 NE 49TH ST #506	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	

2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOEKMAN, ALVIN	
2.3 STREET ADDRESS	3100 NE 49TH ST #809	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	

3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ARNETT MICHAEL	
3.3 STREET ADDRESS	3100 NE 49TH ST #402	
3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HART, FRANCES	
4.3 STREET ADDRESS	3100 NE 49TH ST #908	
4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RANDAL, VIOLET	
5.3 STREET ADDRESS	3100 NE 49TH ST #901	
5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	

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 do 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.

SIGNATURE: *Nels Pearson* NELS PEARSON

2-19-97 954 7723609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034321

CR2E037 (9/96)