FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #1. Corporation Name 715519 (5)

FILED								
Mar 06 1998 8:00am								
Secretary of State								

ROYAL MARINER OF FORT LAUDE						
Principal Place of Business Mailing Address				ise mimit mente minit alfise innt		
3100 NE 49TH STREET #409 FT LAUDERDALE FL 33308	3100 NE 49TH STREET #409 FT LAUDERDALE FL 33308		 3. Date Incorporated or Qualified 11/05/1968 4. FEI Number 59-1312749 	Applied For		
2. Principat Place of Business 21	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State	City & State		7. Is this nonprofit corporation a homeowners association? Yes No			
Zip Country 24 25	29 30	untry	Total Control of the	☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent		
PEARSON, NELS R. 3100 NE 49TH STREET #506		81 Name 82 Street Addres 83	ess (P.O. Box Number Is Not Acceptable)			
		84 City .	FL	85 Zip Code		
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat 	if Florida. Such change was authorize	ed by the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	changing its registered contract as registered		
SIGNATURE			ed when reinstating) DATE			
Signature, typed or printed name of registered agent	and the it applicable (NUTE: Register)	ed Agent signature require	oo when remstaung) DATE			

SIGNATURE _						
	Signature, typod or printed name of registered agent and title if applic			a required when reinstating) DATE	n nincoton	0.151.40
12.	OFFICERS AND DIRECTORS	· .	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	VD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	PEARSON, NELS		1.2 NAME			
STREET ADDRESS	3100 NE 49TH ST.,#506		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE	PD	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	HOEKMAN, ALVIN		2.2 NAME			
STREET ADDRESS	3100 NE 49 ST #809		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY - ST - ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	ARNETT, MICHAEL		3.2 NAME			
STREET ADDRESS	3100 NE 49 ST #402		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TETLE		Change	Addition
NAME	HART, FRANCES		4. 2 NAME			
STREET ADDRESS	3100 NE 49 ST #908		4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY - ST-ZIP			
TITLE	1	DELETE	5.1 TITLE		☐ Change	Addition
NAME	SANFORD SALLERSON		5.2 NAME			
STREET ADDRESS	3100 NE 49TH ST #205		5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDEROALE FL		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TITLE	D	Change	Addition
NAME	RANDAL, VIOLET		6.2 NAME	ROBERT CHENEY 3100 N.E. 49 TH ST. # 810		
STREET ADDRESS	3100 NE 49 ST #901		6.3 STREET ADDRESS	3100 N.E. 49 W ST 810		

CITY-SI-ZIP FT LAUDERDALE FL

6.4 CITY-SI-ZIP FT. LAUDERDALE FL 33308

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.

SIGNATURE:

Alvin T. HOCKMAN Pers. 2-18-98 954-938-7578