

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90276 011 ****61.25

DOCUMENT #

1. Corporation Name

715519

ROYAL MARINER OF FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

3100 NE 49th Street #409 3100 NE 49th Street
Ft. Lauderdale, FL 33308 Ft. Lauderdale, FL
33308

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

30

3. Date Incorporated or Qualified

October 5, 1968

4. FEI Number

59-1312749

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Nels R. Pearson
3100 NE 49th Street #506
Ft. Lauderdale, FL 33308

81 Name Alvin J. Hoekman

82 Street Address (P.O. Box Number is Not Acceptable)
3100 NE 49th St., #409

83

84 City Fort Lauderdale FL 85 Zip Code 33308

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 Alvin J. Hoekman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~XX~~ VD Nels Pearson ☒ DELETE
NAME 3100 NE 49th St. #506
STREET ADDRESS Ft. Lauderdale, FL 33308
CITY-ST-ZIP

1.1 TITLE Vice President ☒ Change ☐ Addition
1.2 NAME John Miller
1.3 STREET ADDRESS 3100 NE 49th St., #909
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE SD Michael Arnett ☒ DELETE
NAME 3100 NE 49th St., #402
STREET ADDRESS Ft. Lauderdale, FL 33308
CITY-ST-ZIP

2.1 TITLE Secretary ☒ Change ☐ Addition
2.2 NAME Felix Mitchell
2.3 STREET ADDRESS 3100 NE 49th St., #1008
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE Director ☒ DELETE
NAME Tony Cesario
STREET ADDRESS 3100 NE 49th St., #501
CITY-ST-ZIP Ft. Lauderdale, FL 33308

3.1 TITLE Director ☒ Change ☐ Addition
3.2 NAME Mary Howard
3.3 STREET ADDRESS 3100 NE 49th St., #305
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Alvin J. Hoekman, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99

Date

954-772-3609

Daytime Phone #

CR2E037 (11/98)