

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728615 (6)

1. Corporation Name

JAMAICA ROYALE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**5830 MIDNIGHT PASS RD.
SARASOTA FL 34242**

**5830 MIDNIGHT PASS RD.
SARASOTA FL 34242**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1974

3a. Date of Last Report

04/19/1994

4. FBI Number

59-1506326

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

24
Zip

25
Country

28
Zip

30
Country

9. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF AND STREITFELD, P.A.
630 S. ORANGE AVENUE, THIRD FLOOR
SARASOTA FL 34236**

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

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
NAME	MILNER, ALFRED
STREET ADDRESS	5830 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA FL
TITLE	VP
NAME	CULHANE, GERALD C.
STREET ADDRESS	5830 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA FL
TITLE	SE
NAME	HOPPER, HARRY
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	HARNER, ROBERT
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA FL
TITLE	SE
NAME	BROWN, HUGH
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA FL
TITLE	VP
NAME	GASKEEN, ROBERT
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL 00000

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	DIRECTOR <input checked="" 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	SECRETARY TREAS. <input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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:

Gerald C. Culhane **GERALD C. CULHANE** 4-18-95 8733491800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number