

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified

01/11/1974

3a. Date of Last Report

04/21/1995

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

25

29

30

4. FEI Number

59-1506326

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILNER, ALFRED	
STREET ADDRESS	5830 MIDNIGHT PASS ROAD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CULHANE, GERALD C.	
STREET ADDRESS	5830 MIDNIGHT PASS ROAD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOPPER, HARRY	
STREET ADDRESS	5830 MIDNIGHT PASS RD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARNER, ROBERT	
STREET ADDRESS	5830 MIDNIGHT PASS RD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BROWN, HUGH	
STREET ADDRESS	5830 MIDNIGHT PASS RD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GASKEEN, ROBERT	
STREET ADDRESS	5830 MIDNIGHT PASS RD	
CITY - ST - ZIP	SARASOTA, FL 00000	

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	ELWOOD J. GOODIER
3.4 CITY - ST - ZIP	5830 MIDNIGHT PASS RD. SARASOTA, FL. 34242
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	<input 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

941 3491800

Daytime Phone #

CR2E037 (12/95)