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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 728615

1. Corporation Name

JAMAICA ROYALE MANAGEMENT, INC.

Principal Place of Business  
5830 MIDNIGHT PASS RD.  
SARASOTA FL 34242

Mailing Address  
5830 MIDNIGHT PASS RD.  
SARASOTA FL 34242



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/11/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-1506326

Applied For  
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME MILNER, ALFRED  
STREET ADDRESS 5830 MIDNIGHT PASS ROAD  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP  
NAME CULHANE, GERALD C.  
STREET ADDRESS 5830 MIDNIGHT PASS ROAD  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME CYRIL, JAMES  
STREET ADDRESS 5830 MIDNIGHT PASS ROAD  
CITY-ST-ZIP SARASOTA FL 34242

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME HARNER, ROBERT  
STREET ADDRESS 5830 MIDNIGHT PASS RD  
CITY-ST-ZIP SARASOTA FL

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

TITLE ST  
NAME BROWN, HUGH  
STREET ADDRESS 5830 MIDNIGHT PASS RD  
CITY-ST-ZIP SARASOTA FL

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

TITLE D  
NAME MEYERS, PAUL  
STREET ADDRESS 5830 MIDNIGHT PASS RD.  
CITY-ST-ZIP SARASOTA, FL 00000 34242

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

THOMAS ERIC BERGER  
5830 MIDNIGHT PASS RD.  
SARASOTA, FL 34242

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

Date

941 349 1700

Daytime Phone #

CR2E037-1198