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95 MAY 31 PM 3:34

STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT #

G83995 (2)

ROYAL PALM INVESTMENT CORPORATION

DO NOT WRITE IN THIS SPACE

1000 5TH STREET
FT. MYERS FL 33901

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FT. MYERS FL 33901

3. Date of Incorporation/Qualification: 02/18/84
3a. Date of Last Report: 4/28/94

21. Principal Place of Business: 512 1/2 DUVAL ST.
State: FL

26. Mailing Address: 512 1/2 DUVAL ST.
State: FL

4. FEI Number: 021000000-59-239416
Applied For: Not Applicable

23. City: Key West

28. Key State: Key West

5. Compensation Fees Desired: X \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24. Zip: 33040

29. Zip: 33040

8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GSTALT-MAYR, MRS. CHRISTIANE
231 TRADEWINDS AVENUE
NAPLES FL 33963

81 Name: FRANZ, Klaus
82 Street Address: 60 Bay Drive
83
84 City: Key West FL 85 Zip Code: 33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: Klaus FRANZ (Current Agent) / Klaus FRANZ (New Agent) / Formal 05/15/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	PST FRANZ, KLAUS
12.2 STREET ADDRESS	231 TRADEWINDS AVE NAPLES FL
12.3 CITY/STATE	D FRANZ, KLAUS
12.4 TITLE	231 TRADEWINDS AVE NAPLES FL
12.5 NAME	
12.6 STREET ADDRESS	
12.7 CITY/STATE	
12.8 NAME	
12.9 STREET ADDRESS	
12.10 CITY/STATE	

13.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	Gstaltmayr, Mrs. Christiane	
13.3 STREET ADDRESS	512 1/2 DUVAL STREET	
13.4 CITY/STATE	Key West, FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE		
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY/STATE		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY/STATE		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY/STATE		

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REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if recited under oath. That I am an officer or director of the corporation or the person or persons named herein on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block A, or Block C, of the report or on an affidavit filed with this filing.

SIGNATURE: GSTALT-MAYR

04-27-95 (305) 294-4403