


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24688 (6)
1. Corporation Name
ROYAL KNIGHTS FOR CHIVALRY, INC.



Principal Place of Business C/O STANLEY MARKS 4190 N. 42ND AVENUE HOLLYWOOD FL 33021	Mailing Address C/O STANLEY MARKS 4190 N. 42ND AVENUE HOLLYWOOD FL 33021-1824
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3. Date Incorporated or Qualified 02/05/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0128675	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MARKS, STANLEY 41090 N. 42ND AVENUE HOLLYWOOD FL 33021	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CHAPMAN, DAVID	1.2 NAME	
STREET ADDRESS	3018 NE 22ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PECUNIES, RONALD	2.2 NAME	
STREET ADDRESS	230 PLAZA LAS OLAS	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROSSI, CELESTE	3.2 NAME	CHAIRMAN
STREET ADDRESS	760 NE 28TH AVENUE	3.3 STREET ADDRESS	ANTHONY MORGAN WOOD
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	900 RIVER REACH DRIVE APT 112
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD FOLLIN, ELMER	4.2 NAME	
STREET ADDRESS	3111 N.E. 55TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P NAVARRO, NICHOLAS G	5.2 NAME	
STREET ADDRESS	2225 NE 16 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V O'BRIEN, JOHN	6.2 NAME	
STREET ADDRESS	3840 NW 101 DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # 0021804

CR2E037 (9/96)