

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

1996 2-1-96 B-1217 DIVISION OF CORPORATIONS C

DOCUMENT # **N48459** (4)
1. Corporation Name
ROYAL PALM PLAYERS, INC.



Principal Place of Business: **320 PARK AVE K BOCA GRANDE FL 33921 US**
Mailing Address: **P.O. BOX 954 BOCA GRANDE FL 33921**

3. Date Incorporated or Qualified: **04/21/1992**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0330458	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATSEL, C. GUY
1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DEBORAH V	1.2 NAME	
STREET ADDRESS	P OBOX 1176/ 176 GULF BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOLLEY, PETER	2.2 NAME	
STREET ADDRESS	P O BOX 1421/ 1120 11TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAVE WOODS JEKINS , ANNE	3.2 NAME	
STREET ADDRESS	P O BOX 718/ 4043 SHORE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTEN, DANIEL	4.2 NAME	TD
STREET ADDRESS	P OBOX 1306/ 420 GULF BLVD	4.3 STREET ADDRESS	YOUNG, Robert
CITY-ST-ZIP	BOCA GRANDE FL	4.4 CITY-ST-ZIP	P.O. BOX 954
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWDITCH, ANNA	5.2 NAME	
STREET ADDRESS	P OBOX 421/ S GULF BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	5.4 CITY-ST-ZIP	
TITLE	AD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KRISTINA	6.2 NAME	
STREET ADDRESS	P O BOX 954/ 370 TARPON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	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: Robert A. Young Date: 2/7/96 Telephone: 964-1024

CR2E037 (12/95)