

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:41

DOCUMENT # P93000042136 (0)

1. Corporation Name  
ROYAL SEBASTIAN DEVELOPMENT, INC.

Principal Place of Business: 25 WALTER MARTIN ROAD, N.E. FORT WALTON BEACH FL 32548  
Mailing Address: PO BOX 4594 FORT WALTON BEACH FL 32549-4594 US

DO NOT WRITE IN THIS SPACE.

|   |         |                     |         |   |                                |
|---|---------|---------------------|---------|---|--------------------------------|
| 2. Principal Place of Business  |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21  |         | 26                  |         | 06/14/1993  | 03/17/1994                     |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc. |         | 4. FEI Number   | Applied For                    |
| 22  |         | 27                  |         | 59-3194448  | Not Applicable                 |
| City & State  |         | City & State        |         | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 23  |         | 28                  |         | <input type="checkbox"/>  |                                |
| Zip   | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 24  | 25      | 29                  | 30      | <input type="checkbox"/>  |                                |
| 9. Name and Address of Current Registered Agent                                   |         |                     |         | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |                                |
| SCHWEIZER, WILLIAM T<br>25 WALTER MARTIN ROAD, N.E.<br>FORT WALTON BEACH FL 32548 |         |                     |         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |                                |
|   |         |                     |         | 10. Name and Address of New Registered Agent  |                                |
|   |         |                     |         | 81 Name   |                                |
|   |         |                     |         | 82 Street Address (P.O. Box Number is Not Acceptable)                                   |                                |
|   |         | 83                  |         | 84 City   |                                |
|   |         | 84 City             |         | 85 Zip Code   |                                |
|   |         | Mary Esther         |         | FL 32569  |                                |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*  
DATE: 1/23/95

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | D                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROTH, THOMAS P       | 1.2 NAME  |   |
| STREET ADDRESS             | 9 QUAIL HOLLOW DRIVE | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HENDERSON NV 89014   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 2.2 NAME  |   |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 3.2 NAME  |   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 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 110.07(9)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/23/95 (904) 243-6713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Phone Number)