FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



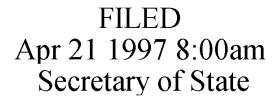
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400081798 (8)

THE ROYAL TREATMENT INCORPORATED





Principal Plac	e of Business	Mailing Address			{ I VARIANDE VIL IGAN BURN BONU BONU BONU BONU ABUN YUNU KUNU KUNU KUNU ILUN HUN HUR		
19363 OCEAN BOCA RATON	GRANDE CT.	19363 OCEAN GRANDE CT BOCA RATON FL 33498-4650 US					
U\$					3. Date Incorporated or Qualified 11/02/1994	3n. Date of Las 04/23/199	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number		Applied For
		26		65-0549597	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
7 _{IP}	Country	Z _I p	Cou	ntry	8. This corporation has liability for in	ntangible tax unde	er s. 199,032,
24	25	29	30			Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of Naw Reg	latered Agent	
BR	YAN KLINE			81 Name	CAPOL KLIN	E	
19363 OCEAN GRANDE CT.				82 Street Add	iress (P.O. Box Number is Not Acceptable	le)	
80	CA RATON FL 33438		i		<u> </u>		·····
				83			
				84 City		FL 85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the al	pove-named cor	poration submits this statement for the p	urnose of changin	ig its registered
office or i	registered agent, or both, in the State	of Florida, Such change was	authorize	d by the corpora	ition's board of directors. I hereby accep	it the appointment	t as registered
		Illions of, Section 607,0303, P	M L a	O. VA	$(\sim \tilde{a})$	4-14-97	
SIGNATURE	Signature, typed or printed name or registered agur	nt and title if applicable (NO	E Registere	Agent signal ire requ	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	DP	DELETE	1.1 TI	TLE		☐ Chan	ge 🔲 Addition
NAME	KLINE, BRYAN	<i>y</i> \	1.2 N	ume)			
STREET ADDRESS	19363 OCEAN GRANDE CT.		1.3 S	REET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1,4 CI	TY-ST- Z IP	•		
TITLE	DVS	DELETE	2.1 TI			☐ Chan	ge Addition
NAME	KLINE, CAROL		22 N	AME .			
STREET ADDRESS	19363 OCEAN GRANDE CT.	•	2.3 \$1	REET ADDRESS			
CITY - S1 - ZIP	BOCA RATON FL		2 4 0	ITY-ST-ZIP			
TITLE		DELETE	3.1 T/		v ,	☐ Chan	ige Addition
NAME	}		32 N	AME			
STHEET ADDRESS	{		3.3 5	REET ADDRESS	'		
CITY-ST-ZIP	<u>.</u>		34.0	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 10			Chan	ge Addition
NAME			4.2N	AME			
STREET ADDRESS			4.3 5	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TI			Chan	pe Addition
NAME	(5.2 N	AME			
STREET ADDRESS	1		53 \$1	REET ADDRESS			
CITY-S1-7/P	ĺ		1	TY-ST-ZIP			i
TITLE		☐ DELETE	6.1 TI		······································	Chan	ge Addition
NAME			6.2 N	ı		_	
STREET ADDRESS				REET ADDRESS			
CITY-SI-ZIP	1		1	TY-ST-ZtP			* * * * * * * * * * * * * * * * * * * *
U117-31-(IF	1		0.4 6	11-01-2IF	d in O - elian 440 07(0)(i) Challes Ores 4-		

4. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: & Carol Kline 4-14-97 561-852-7142