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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90186 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000066717

1. Corporation Name  
**ROYAL AUTOMOTIVE, INC.**



Principal Place of Business: 485 E. SEMORAN BLVD. CASSELBERRY FL 32707  
 Mailing Address: 485 E. SEMORAN BLVD. CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1050 LEE RD, 22 ORLANDO, 23 FL, 24 32810, 25 ORANGE  
 2a. Mailing Address: 26 1050 LEE RD, 27 ORLANDO, 28 FL, 29 32810, 30 ORANGE

3. Date Incorporated or Qualified: 08/12/1996  
 4. FEI Number: 59-3393486  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**GRAHAM, DAVID W**  
**110 E HILLCREST ST**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
 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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TATUM, RAY M	
STREET ADDRESS	485 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGER, JOANN	
STREET ADDRESS	485 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY, DREWMONTE	
STREET ADDRESS	485 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1050 LEE RD	
1.4 CITY-ST-ZIP	ORLANDO FL 32810	
2.1 TITLE	SEC TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROGERS, Jo A.	
2.3 STREET ADDRESS	1050 LEE RD	
2.4 CITY-ST-ZIP	ORLANDO FL 32810	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KUBALEK, STEPHEN	
4.3 STREET ADDRESS	1050 LEE RD	
4.4 CITY-ST-ZIP	ORLANDO FL 32810	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Jo A. Rogers  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99  
**JO A. ROGERS**  
 407-644-2222

CR2E034 (1/198)