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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 353788

(3)

ROY'S PLACE OF STEINHATCHEE, INC.

FILED
May 02 1997 8:00am
Secretary of State

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26	Applied For Not Applicable Additional Required May Be d to Fees
3. Date Incorporated or Qualified 10/10/1969 3a. Date of Last 10/10/1969 03/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1274638 5. Certificate of Status Desired 59-1274638 5. Certificate of Status Desired 5ee 7. City & State 7. City & State 7. Country 7. State 8. This corporation has liability for intangible tax under Florida Statutes 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. This corporation has liability for intangible tax under Florida Statutes 7. Name and Address of New Registered Agent 8. Name 8. Name 8. Name 8. Street Address of New Registered Agent 8. Street Address of New Registered Agent 8. Street Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 9. The Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the provisions board of directors. I hereby accept the appointment of the purposition of th	Applied For Not Applicable Additional Required May Be d to Fees s. 199.032,
2. Principal Place of Business 2a. Mailing Address 59-1274638 Suite, Apt. #, etc. Suite, Apt. #, etc. 50-1274638 5. Certificate of Status Desired \$8.75 Fee City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. #	Not Applicable Additional Required May Be d to Fees s. 199.032,
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	Required May Be d to Fees s. 199.032,
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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 a	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	its registered
	is registered
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstaling) DATE.	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE P DELETE 1.1 TITLE Change	e [] Addition
NAME KARAGEORGE, CORINE 12 NAME	
STREET ADDRESS RIVERSIDE DR 1.3 STREET ADDRESS	
CITY-ST-ZIP STEINHATCHEE FL 1,4 CITY-ST-ZIP	
TITLE VST DELETE 2.1 TITLE	e []] Addition
NAME KARAGEORGE, GEORGE 22 NAME	
STREET ADDRESS RIVERSIDE DR. 2.3 STREET ADDRESS	
CITY-ST-ZIP STEINHATCHEE FL 2.4 GITY-ST-ZIP	
TITLE ST DELETE 3.1 TITLE CHANG	e [_] Addition
NAME KARAGEORGE, GEORGE 3.2 NAME	
STREET ADDRESS RIVERSIDE DR. 3.3 STREET ADDRESS	
CITY-ST-ZIP STEINHATCHEE FL 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Chang	e 🔲 Addition
NAME 4 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-S1-7IP	
TITLE DELETE 51TITLE Chang	e 🔲 Addition
NAME 5.2 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 61 TITLE Chang	e 🔲 Addilion
i mre i financia i fin	
NAME 62 NAME	
NAME 62 NAME	
NAME 62 NAME	

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Soction 119 07(3)(i), Florida Statutes, 1 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.

NONATURE M. SOCIALIBLE DECKING DO DONNE - 4 25 97 352-468-05