

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 157915 (0)
1. Corporation Name
ROYAL PALM MOTEL - COFFEE SHOP, INC.

Principal Place of Business
1250 CLEVELAND STREET
CLEARWATER FL 34615

Mailing Address
1250 CLEVELAND STREET
CLEARWATER FL 34615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 2550 INDIGO DR		04/30/1949	
22 City & State		27 DUNEDIN FL		4. FEI Number	
23 Zip		28 34698		59-0609159	
24 Country		29 USA		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARELLI, IDA 1250 CLEVELAND ST CLEARWATER FL 34615		81 Name GLATT, ARTHUR W., JR.	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		2550 INDIGO DR.	
		83	
		84 City DUNEDIN FL 85 Zip Code 34698	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE S 1.2 NAME GLATT, ARTHUR W JR 1.3 STREET ADDRESS 1250 CLEVELAND ST 1.4 CITY-ST-ZIP CLEARWATER FL		1.1 TITLE SECRETARY; TREASURER 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE TP 2.2 NAME CARELLI, IDA 2.3 STREET ADDRESS 1250 CLEVELAND ST. 2.4 CITY-ST-ZIP CLEARWATER FL		2.1 TITLE PRESIDENT 2.2 NAME GABRIELLE C. GLATT 2.3 STREET ADDRESS 102 S. FERN COVE CT 2.4 CITY-ST-ZIP YORKTOWN VA 23693	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 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.

SIGNATURE: _____ DATE: 3/19/98
SIGNED AND PRINTED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)