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

NAME

STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 248626 (4) ROYAL INC., OF PALM BEACH. Principal Place of Business Mailing Address 2623 PINEWOOD AVE 2623 PINEWOOD AVE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/15/1961 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0933922 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BLANK.FLOYD P 2623 PINEWOOD AVE Street Address (P.O. Box Number is Not Acceptable) 82 WEST PALM BEACH FL 33407 83 84 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **BLANK.FLOYD P** NAME 12 NAME **2623 PINEWOOD AVENUE** STREET ADORESS 1.3 STREET ADDRESS WEST PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change ☐ Addition TITLE NAME PINCOURT JR.A K 2.2 NAME 222 LAKEVIEW STE 1500 STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE **BLANK, SHARON** 3.2 NAME NAME 2823 PINEWOOD AVE. STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BCH FL CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

6.2 NAME

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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP **FILED**