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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 248626

1. Corporation Name

ROYAL INC., OF PALM BEACH.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90097 032 ***150.00



Principal Plac	e of Business	Ma	ailing Address					- 1 (\$\$\$)(\$\$ (1\$)(\$)(\$)	#11# # 111 #	(8 \$111 B181) 8 1	411 A1811 B16	,,, W (#1)	
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•								3. Date Incorporated or	Qualifed				
								06/15/1961					
2. Principal P	Place of Business	2a.	Mailing Address					4. FEI Number				Applie	ed For
21		26	-					59-0933922				Not A	pplicable
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City & Stat	te		City & State					6. Election Campaign F	inancing		\$5.0	0 ма	ay Be
23		28						Trust Fund Contribut	ion	ш .	Adde	ed to F	ees
Zip	Country		Zip	Col	intry			8. This corporation owe	s the curre	ent year Inta			
24	25	29		30				Personal Property Ta	ıx.		X Yes_]No
	9. Name and Address of Curre		tered Agent					10. Name and Address	of New R	egistered	gent		
					81	Nan	ne						
1	NK,FLOYD P				82	Stro	of Addre	ess (P.O. Box Number is No	of Accepta	ble)			
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					84	City				FL	85 Z	ір Сос	ae
11 Pureuant	to the provisions of Sections 607.05	502 and 6	07 1508 Florida Stat	utes, the a	bove	ı e-nam	ed corpc	pration submits this stateme	nt for the	purpose of	changing	its re	gistered
l office or I	registered agent or both in the Stat	le of Floric	ia. Such change was	authonze	a by	the co	rporatio	n's board of directors. I her	eby accep	t the appoi	ntment as	regis	tered
agent. I a	am familiar with, and accept the oblig	gations of,	Section 607 U505 E		HITES			•					
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SIGNATURE							ne required	when reinstating)		DATE			
	Signature, typed or printed name of registered a	gent and title i	ff applicable. (NO	TE: Registere	d Agen		Deriuper eru	when reinstating)	S TO OF		D DIREC	TORS	 5 IN 12
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14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP