

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90047 028 ***150.00

05366896

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 455117

1. Corporation Name

ROYAL MANAGEMENT OF PENSACOLA, INC.



Principal Place of Business	Mailing Address
3994 BAYPOINTE DR. GULF BREEZE FL 32561 US	3994 BAYPOINTE DR. GULF BREEZE FL 32561 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3094 MARCUS POINTE BLVD		26 3094 MARCUS POINTE BLVD		06/21/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1537918	
City & State		City & State		Applied For	
23 PENSACOLA, FL		28 PENSACOLA, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32505		29 32505		30 USA	
Country		Country		8. This corporation owes the current year intangible	
25 USA		30 USA		Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

BARIL, KATHLEEN
3994 BAYPOINTE DR
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name	BARIL, KATHLEEN
82 Street Address (P.O. Box Number is Not Acceptable)	3094 MARCUS POINTE BLVD
83	
84 City	PENSACOLA
85 Zip Code	FL 32505

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	BARIL, SCOTT	1.2 NAME	
STREET ADDRESS	2403 E. LILLIAN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

2/11/99

Date

Daytime Phone #

CR2E034 (1/198)