

05171999-90010-015-\$150.00-\$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

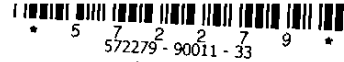
FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90010 015 ***150.00

DOCUMENT # 514368 ✓

1. Corporation Name

THE BLUE ROYAL HOTEL, INC.



Principal Place of Business

Mailing Address

137-50 W. DIXIE HWY.
N. MIAMI FL 33161137-50 W. DIXIE HWY
N. MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-1706956

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

BLYNN, MICHAEL R.
1367 NE 162 STREET
N. MIAMI BEACH, FL 33162

10. Name and Address of New Registered Agent

81 Name WHITMORE, JUDITH
82 Street Address (P.O. Box Number is Not Acceptable)
13750 W. DIXIE HWY
83
84 City N. MIAMI FL 85 Zip Code 33161

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 JUDITH WHITMORE SEC. Judith Whitmore

6/1/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 1.2 NAME | JUDITH WHITMORE |
| CITY-ST-ZIP | | 1.3 STREET ADDRESS | 13750 W. DIXIE HWY |
| TITLE | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | N. MIAMI, FL 33161 |
| STREET ADDRESS | | 2.1 TITLE | |
| CITY-ST-ZIP | | 2.2 NAME | |
| TITLE | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | |
| STREET ADDRESS | | 2.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 3.1 TITLE | |
| TITLE | <input type="checkbox"/> DELETE | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| STREET ADDRESS | | 5.1 TITLE | |
| CITY-ST-ZIP | | 5.2 NAME | |
| TITLE | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | |
| STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 6.1 TITLE | |
| TITLE | <input type="checkbox"/> DELETE | 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:

Judith Whitmore JUDITH WHITMORE

Date

Daytime Phone #

CR2E034 (11/98)