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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **563048** **(8)**

1. Corporation Name
REGAL PRODUCTS, INC.

Principal Place of Business
107 KENSINGTON ROAD
% FREDERICK STEIN
HOLLYWOOD FL 33021

Mailing Address
107 KENSINGTON ROAD
% FREDERICK STEIN
HOLLYWOOD FL 33021-2819

3. Date Incorporated or Qualified: **03/14/1978**
3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business
21 10858 Crystal Key Lane
Suite, Apt. #, etc.
22
City & State
23 Boynton Beach, FL
Zip 24 33437 Country 25 U.S.A.

2a. Mailing Address
26 10858 Crystal Key Lane
Suite, Apt. #, etc.
27
City & State
28 Boynton Beach, FL
Zip 29 33437 Country 30 U.S.A.

4. FEI Number: **59-1815647** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
STEIN, FREDERICK
107 KENSINGTON RD.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 date are required.) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE: VD NAME: LICHTMAN, SANDRA S STREET ADDRESS: 1819 FIRESIDE LANE CITY-ST-ZIP: CHERRY HILL NJ	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2 TITLE: PD NAME: STEIN, ELSA STREET ADDRESS: 107 KENSINGTON RD CITY-ST-ZIP: HOLLYWOOD, FL 0	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS: 10858 Crystal Key Lane 2.4 CITY-ST-ZIP: Boynton Beach, FL 33437	☑ Change ☐ Addition
3 TITLE: ST NAME: STEIN, FRED STREET ADDRESS: 107 KENSINGTON RD CITY-ST-ZIP: HOLLYWOOD, FL 0	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS: 10858 Crystal Key Lane 3.4 CITY-ST-ZIP: Boynton Beach, FL 33437	☑ Change ☐ Addition
4 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Elsa Stein 3/13/97 (516)738-9901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #