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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	The state of the s	DIVISION OF	CORPORATIONS	Secretary o	f State
	MENT #		(3)		Secretary	1 State
ROYAL	PINES, INC	C.				
Principal Plac	e of Business		Mailing Address			i i i i i i i i i i i i i i i i i i i
· ·	DEL MAR BLVD	1	2171 E VINA DEL MAR (ND SI VD		
	URG FL 33706		ST PETERSBURG FL 337		DO NOT MODE IN THE	
					DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	SPACE
					12/29/1978	
	Tace of Busines	S	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# otc		Suita Aat # ota		<u>59-1976515</u>	Not Applicable
22	×, 6(6.		Suite, Apt. #, etc.		5. Certificate of Status Desired	- \$8.75 Additional Fee Required
City & Stat	6	·	City & State		6. Election Campaign Financing	\$5.00 May Be
23			28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip		Country	Zip	Country	8. This corporation owes or has paid the curr	
24	9. Name an	d Address of Current	29 Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes No
WII	LIAM F MAR		<u> </u>	81 Name	10. Hand the realists of the realists of	
1	1 E VINA DE			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
ST	PETERSBURG	G, FL MH 33706			adioss (1.0. dox namber is not not plante)	
				83		
				84 City	FL	85 Zip Code
11. Pursuant	to the provision	s of Sections 607.0502	and 607,1508, Florida Statut	es, the above-named cr		changing its registered
office or re	egistered agen m tamiliar with.	t, or both, in the State o	f Florida, Such change was a lons of Section 607 0505. Flo	authorized by the corpo	oration's board of directors. I hereby accept the appo	intment as registered
	egistered agen m familiar with,	t, or both, in the State o and accept the obligati	f Florida. Such change was a ions of, Section 607.0505, Flo	authorized by the corpo orida Statutes.	orporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	intment as registered
SIGNATURE		orinted name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating) DAYE	
SIGNATURE	Signature, typed or p		and title if applicable. (NOT	E. Registered Agent signature rea		DIRECTORS IN 12
SIGNATURE	Signature, typed or p	official name of registered agent OFFICERS AND	and title if applicable. (NOT	E: Registered Agent signature rei	equired when reinstating) DAYE	
SIGNATURE 12. TITLE	Signature, typed or p PTD MARTIN, W	official name of registered agent OFFICERS AND	and title if applicable. (NOT	E. Registered Agent signature rea	equired when reinstating) DAYE	DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or p PTD MARTIN, W 2171 E VIN ST PETERS	OFFICERS AND	and title if applicable. (NOT DIRECTORS DELETE	E. Registered Agent signature rei 13. 1.1 TITLE 1.2 NAME	equired when reinstating) DAYE	DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD MARTIN, W 2171 E VIN ST PETERS	OFFICERS AND VILLIAM F VA DEL MAR BLVD SBURG BCH FL	and title if applicable. (NOT	E. Registered Agent signature rei 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
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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 13 if changed, or on an attachment with an address.

SIGNATURE:

813.360 5276

FILED

Jan 16 1998 8:00am