

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 708463

Corporation Name

ROYAL TERRACE CONDOMINIUM APTS., INC.

Principal Place of Business

722 MAYO ST
06
HOLLYWOOD FL 33020
JS

Mailing Address

1722 MAYO ST
106
HOLLYWOOD FL 33020
US

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90024 005 ****61.25



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Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/09/1965	
City & State		27 City & State		4. FEI Number	
Zip		28 Zip		59-2388190	
Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HERMAN, GARY
1722 MAYO ST
#103
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETHINS, HELEN	1.2 NAME	
STREET ADDRESS	1722 MAYST #203	1.3 STREET ADDRESS	
TY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL, MARY	2.2 NAME	JEAN ROBINSON
STREET ADDRESS	1722 MAY 105	2.3 STREET ADDRESS	SECRETARY/TREAS/D
TY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	1045 HARRISON ST.
TITLE	D/PRES <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESAGE, YVON	3.2 NAME	
STREET ADDRESS	1722 MAYO ST 101	3.3 STREET ADDRESS	
TY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, GARY	4.2 NAME	DIRECTOR
STREET ADDRESS	1722 MAYO ST, #103	4.3 STREET ADDRESS	DEENA SINCLAIR
TY-ST-ZIP	HOLLYWOOD FL 33020	4.4 CITY-ST-ZIP	1722 MAYO ST
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAYA, MANNY	5.2 NAME	DIRECTOR
STREET ADDRESS	1722 MAYO ST, #208	5.3 STREET ADDRESS	JAMES ROEAY
TY-ST-ZIP	HOLLYWOOD FL 33020	5.4 CITY-ST-ZIP	1722 MAYO ST
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STHIENE, DALE	6.2 NAME	
STREET ADDRESS	1722 MAYO ST, #102	6.3 STREET ADDRESS	
TY-ST-ZIP	HOLLYWOOD FL 33020	6.4 CITY-ST-ZIP	

4. 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 617, 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:

JEAN ROBINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 (954) 9202640
Date Daytime Phone #

CR2E037 (5/99)