FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738140

(3)

ROYAL PALM EAST, INC.

FILED Jan 27 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						r cometr i nesus feran imier timet miner aute missi diffir bider fieldt debit biskt dabr		
9642 S.W. 69 PL. MIAMI FL 33156		9642 S.W. 69 PL. MIAMI FL 33156			3. Date Incorporated or Qualified 02/17/1977			
f						4. FEI Number Applied For		
					,	65-0121223 Not Applicable		
2. Principal P	face of Business	2a. Mailing Address	26			5. Certificate of Status Desired S8.75 Additional Fee Required		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		:	6. Election Campaign Financing Trust Fund Contribution S. Added to Fees		
City & State	е	City & State	City & State			7. Is this nonprofit corporation a homeowners association?		
Zlp Country		Zip	Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30	0		Personal Property Tax due June 30. Yes No		
<u></u>	9. Name and Address of Curre	ent Registered Agent	8	H N	lame	10. Name and Address of New Registered Agent		
			ا					
1	H, HOWARD / 69 PLACE				treet Address	s (P.O. Box Number is Not Acceptable)		
MIAMI, FLORIDA (305)666-9066			83					
					ity	FL 85 Zip Code		
11. 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 Re 12. OFFICERS AND DIRECTORS				egistered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	DELETE	1.1 TITLE	:		Change Addition		
NAME	WALLACH, HOWARD		1.2 NAM	1.2 NAME				
STREET ADDRESS	9642 S.W. 69 PLACE		1.3 STRE	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY	1.4 CITY-ST-ZIP				
TITLE	STD	☐ DELETE		2.1 TITLE		☐ C <u>hange</u> ☐ Addition		
NAME	ROTHMAN, S. LAWRENCE			2.2 NAME				
STREET ADDRESS	9703 S.W. 69TH PLACE			2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	DELETE	_	2. 4 CITY-ST-ZIP		Change Addition		
TITLE	VD	☐ DEFE1E	3.1 TITLE			Ti cuande Ti Andinon		
NAME	IVANS, RICHARD 9643 SW 69 PL.		3.2 NAM					
STREET ADDRESS			3.3 STRE					
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.4. CITY 4.1 TITLE		IP	Change Addition		
NAME			4. 2 NAM			C cyango <u>Ti ying</u> angn		
STREET ADDRESS			4.3 STRE		DECC			
CITY-ST-ZIP			4.4 CITY-S					
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition		
NAME		_	5.2 NAMI			•		
STREET ADDRESS			5.3 STRE		RESS			
CATY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition		
NAME			6.2 NAMI					
STREET ADDRESS			6.3 STRE		RESS			
CITY-ST-ZIP			6.4 CITY					
	notify that the information eventled	with this filing dose not qualify fo				ction 119 07(3)(i) Florida Statutes, I further certify that the information		

Indicated on this annual report or supplyed with his hining dues not quality for the exemptor stated in Section 119.07 (A)t, Florida Statutes. Intribute carry that it 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

SIGNATURE: