PROFIT CORPORATION ANNUAL REPORT 1996/997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 FEB -5 AM 9: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 846494   (3)
1. Corporation Name

REGAL DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
4961 72ND AVE., NORTH PINELLAS PARK FL 34665	4961 72ND AVE., NORTH PINELLAS PARK FL 34665

			3. Date Incorporated or Qualified 07/15/1980	3a. Date of Last Report 05/01/1995
2. Principal Place of Business **21**	**2a.** Mailing Address **26**		**4.** FEI Number 86-0391252	Applied For / Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**		**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**		**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**	**8.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
WEIL, MURRAY B., JR. 1666 KENNEDY CAUSEWAY SUITE 608 MIAMI BEACH FL 33141	**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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		**13.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **VSD** NAME **BATES, KENNETH E** STREET ADDRESS **4961 72ND AVE., NORTH** CITY-ST-ZIP **PINELLAS PARK FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	3000020811123-5 -02/07/97--01019--002 ****225.00 ****225.00 ☐ Change ☐ Addition
TITLE **PTD** NAME **WEIL, MURRAY B., JR.** STREET ADDRESS **1666 79TH ST CWY #608** CITY-ST-ZIP **MIAMI BCH FL**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VAS** NAME **WEINTRAUB, SAMUEL** STREET ADDRESS **1666 79TH ST CWY #608** CITY-ST-ZIP **MIAMI BCH FL**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **WEINTRAUB, SAMUEL** STREET ADDRESS **1666 79TH ST CSWY, #608** CITY-ST-ZIP **MIAMI BEACH FL**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
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
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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _X_ _KENNETH E. BATES_   _1/30/97_   _(813)544-8145_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (3/96)