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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00791

(6)

ROYAL HOLDING CORP.

FILED Mar 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 126 N. OCEAN BLVD 126 N. OCEAN BLVD **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1980 2a. Mailing Address 2. Principal Place of Business Applied For 26 59-2032979 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zφ Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **NOISEUX. ANDRE** 128 N OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) **DELRAY BCH FL 33444** 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TOLE TITLE NOISEUX, ANDRE NAME 1.2 NAME 88 126 N OCEAN BLVD 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ DELE1E STD 2.1 TITLE Addition NOISEUX, JOANNE NAME 2.2 NAME 126 N OCEAN BLVD STREET ADDRESS 23 STREET ADDRESS **DELRAY BEACH FL** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 DITE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY- ST-7IP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZiP

14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary inval 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 conjugatory for 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 or anged. Journal of the conjugatory of the receiver of the receiver of the conjugatory of the receiver of the r

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