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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F00791 1. Corporation Name

ROYAL HOLDING CORP.

Principal Place	of Business	Mailing Addres	s				
126 N. OCEAN (DELRAY BEACH		126 N. OCEAN BLVD DELRAY BEACH FL 33483			DO NOT		
					3. Date Incorporated or Qua 10/08/1980		
<u> </u>	ice of Business	2a. Mailing Add	ress	7	4. FEI Number		
21		26			59-2032979		
Suite, Apt. #	, etc.	Suite, Apt. #	t, etc.		5. Certificate of Status Desir		
City & State		City & State			Election Campaign Finan- Trust Fund Contribution		
Zip 24	Country 25	Zip 29	30	ountry	This corporation owes the Personal Property Tax.		
	9. Name and Address of Co		10. Name and Address of N				
	UX, ANDRE OCEAN BLVD			81 Name 82 Street Ad	ddress (P.O. Box Number is Not Ac		
120 14	OCENIA DEAD	11 50000					

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90046 006 ***150.00



DELRAY BEACH FL 33483		DELRAY BEACH FL 33483	DELRAY BEACH FL 33483				
					DO NOT WRITE IN	THIS SPACE	
İ					3. Date Incorporated or Qualifed		
2 Drive at a sel	Di				10/08/1980		
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	LA	pplied For
21 Suite 4-4	4.	26			59-2032979	} 	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					Additional
22		27			5. Certifcate of Status Desired		equired
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	_		Trust Fund Contribution		to Fees
⊢	Zip Country Zip			8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regist	ered Agent .	
NO!	SELLY ANDDE		8	1 Name			
NOISEUX, ANDRE			8	2 Ctrost A	dd (D.O. D. N.		
	N OCEAN BLVD		°	2 Sileet At	ddress (P.O. Box Number is Not Acceptable)		
DEL	RAY BCH FL 33444		8	3			
					•		
			8	4 City	;	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florido Statuto				FL	
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was au	s, the abo thorized b	ve-named co v the comora	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its	registered
agent. ra	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statute	s.	and a book of directors. Thereby accept the a	ppomunent as re	gisterea
SIGNATURE							ĺ
12.	Signature, typed or printed name of registered a		Registered Age	ent signature requ	uired when reinstating) DAT		
TITLE	PD OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	PRS IN 12
	· -	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	NOISEUX, ANDRE		1.2 NAME				
STREET ADDRESS	126 N OCEAN BLVD		1.3 STREE	TADORESS			ļ
C/TY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-5	ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	NOISEUX, JOANNE		2.2 NAME			☐ Griange	C Addition
STREET ADDRESS	126 N OCEAN BLVD			TADDRESS	i		{
CITY-ST-ZIP	DELRAY BEACH FL						- "
TITLE		☐ DELETE	2. 4 CITY-	SI-ZIP			
NAME			3.1 TITLE			☐ Change	☐ Addition
STREET ADORESS	•		3.2 NAME				J
CITY-ST-ZIP			3.3 STREE	TADDRESS			
TITLE			3.4. CITY-5	ST-ZIP			J
		☐ DELETE	4.1 TITLE	1		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			ł
CITY-ST-ZIP			4.4 CITY-S	- 1)
TITLE		☐ DELETE	5.1 TITLE	+		☐ Change	Addition
NAME			5.2 NAME			change	☐ Audition
STREET ADDRESS			5.3 STREET	ADDRESS	·		[
CITY-ST-ZIP			5.4 CITY-S		•		1
TITLE		☐ DELETE	6.1 TITLE	1-217			
NAME		i occese				Change	☐ Addition
I			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			i
CITY OF ZIO				ı			,

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 composition or the receiver or bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

TOTAL PRINTED NAME OF SUNING OFFICER OR DIRECTOR

SIGNATURE

561-272-5045