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FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F52622 (0)  
1. Corporation Name  
ANFA ROYAL, INC.



Principal Place of Business Mailing Address  
% ROBERT L. CARSELLO  
5948 CHANTECLAIR DR  
NAPLES FL 33983  
US P.O. BOX 3258  
NAPLES FL 34101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/04/1981  
4. FEI Number  
59-2139903  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 34106-3258 30

9. Name and Address of Current Registered Agent

CARSELLO, ROBERT L.  
5948 CHANTECLAIR DRIVE  
NAPLES FL 33983

10. Name and Address of New Registered Agent

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

| TITLE | NAME                | STREET ADDRESS         | CITY-ST-ZIP  | DELETE                   |
|-------|---------------------|------------------------|--------------|--------------------------|
| TD    | KHAJAVI, AMIR-MENDI | 408 S ROBERTS RD       | BRYN MAWR PA | <input type="checkbox"/> |
| SO    | CARSELLO, ROBERT L. | 5948 CHANTECLAIR DRIVE | NAPLES FL    | <input type="checkbox"/> |
| PD    | RABII, FERAYDOON    | 1230 RIDGEWOOD DR      | BRYN MAWR PA | <input type="checkbox"/> |
|       |                     |                        |              | <input type="checkbox"/> |
|       |                     |                        |              | <input type="checkbox"/> |
|       |                     |                        |              | <input type="checkbox"/> |
|       |                     |                        |              | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                              | Addition                 |
|-----------|----------|--------------------|-----------------|-------------------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |

557 TIERRA MAR LN W  
NAPLES FL 34108

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 corporation or 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 changed, or on an attachment with an address.

SIGNATURE: E PARTT

1-5-98 241 592 9552

CR2E034 (10/97)