## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON ON BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97428

(9)

ROYCE MANAGEMENT CORP.

	J	tILE.	U	
Sep	02	1998	8	:00am
Se	cre	tary (	of	State

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Principal Place of Business		Mailing Address			a todtige stit teatt albin tient fast arbit afett afett afett afett atett atett			
1601 BELVEDERE RD STE 501 S		1601 BELVEDERE RD STE 501 S						
					50 110711			
W PALM BCH FL 33406		W PALM BCH FL 33406				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualif	ea		
2 Principal D	laca of Business	2a. Mailing Address		······································	08/30/1982 4. FEI Number			
2. Principal Place of Business		<del></del>					Applied For	
21 Suito Ant	# ata	26 Suite Ant # ste			59-2202147		Not Applicable	
Suite, Apt. #, etc.		<b></b>	Suite, Apt. #, etc.		5. Certificate of Status Desired	. 🗆	\$8.75 Additional Fee Required	
		City & State	· · · · · · · · ·				<del></del>	
City & State		<b>—</b> '			6. Election Campaign Financia	'g []	\$5.00 May Be	
Zip	Country	28	Cou	ntn:	<del></del>	Trust Fund Contribution Added to Fees		
<b>├</b> ─ `	25	<u></u>		nu y	8. This corporation owes or ha	_	* 17071 °	
24	9. Name and Address of Current	29 Pagistared Agent	30		Personal Property Tax due			
DAL		registered Agent		81 Name	10. Name and Address of Nev	A wadistaled W	ent	
	MARIELLO, JOAN			C'	T Corpora <b>ti</b> on Syste	m		
	BELVBERDERE RD STE 501 S			82 Street Add	iress (P.O. Box Number is Not Acce	ptable)		
WP	ALM BCH FL 33401				South Pin <b>e</b> Island R	oad		
				83				
				84 City			85 Zip Code	
				Planta		FL	33324	
11. Pursuani	to the provisions of sections 507.0502	and 607.1508, Florida Statut	es, the ab	ove-named corp	oration submits this statement for the	purpose of char	ging its registered	
office or agent. I	to the provisions of sections 607.0502 i registered agent, or both, in the State o am faniliar with, and accept the object	if Florida. Such change was ions of, ≰ection 607,0505. F	authorized Iorida Stat	i by the corporal utes.	tion's board of directors. I hereby ac	ept the appointr	nent as registered	
SIGNATURE	Ullictus a Mal		OLAIG	1 (Desst.	Servi.	8/26K	28	
SIGNATURE	Signature, typed or printed nature of registered agent a			ed Agent signature re-	quired when reinstating)	DATE	7.0	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS IN 12	
TITLE	PCEO	DELETE	1.1 TIT	LE	V/S		Change X Addition	
NAME	Bu <b>dd</b> emeyer, David		1.2 NA	ME D:	iaz, Charles M.			
STREET ADDRESS	1601 BELVEDERE RD. #501S		1.3 STE	REET ADDRESS 1	601 Belvedere Road,	#501S		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		1.4 CIT		est Palm Beach, FL	33406		
TITLE	T	DELETE	2.1 TIT				Change Addition	
NAME	HALE, PHILLIP R		2.2 NA	ME			J Change [] Addition	
STREET ADDRESS	1601 BELVEDERE RD, STE 501,	SOUTH		REET ADDRESS				
CITY-ST-ZIP	WEST PALM BCH FL	000111		Y-ST-ZIP				
TITLE	VPF	X DELETE	3.1 T(T			····	Channe Addition	
NAME	WARREN, KNIGHT	(45) UELETE	3.2 NA	<u> </u>			Change Addition	
STREET ADDRESS	1601 BELVEDERE RD #501 S							
	W. PALM BEACH FL		. I	REET ADDRESS				
CITY-ST-ZIP TITLE	VPS	<b>∇</b>		Y-ST-ZIP				
	· -	X DELETE	4.1 TIT			L_	Change Addition	
NAME	RUFFIN, ROBERT		4.2 NAI					
STREET ADDRESS	1601 BELVEDERE RD #501 S		4.3 STF	REET ADDRESS				
CITY-ST-ZIP	W PALM BEACH FL		4.4 CIT	Y-ST-ZIP				
TITLE	AS	X DELETE	5.1 TIT	LE			Change Addition	
NAME	TARIQUE, MOHAMMAD		5.2 NAI	ME				
STREET ADDRESS	1601 BELVEDERE RD #501 S		5.3 STF	REET ADDRESS				
CITY ST-ZIP	W PLAM BEACH FL		5.4 CIT	Y-ST-ZIP				
TITLE	AS	X DELETE	6.1 TIT	LE			Change Addition	
NAME	PALMARIELLO, JOAN		6.2 NA	ME		\ <u></u>		
STREET ADDRESS	1601 BELVEDERE RD #501 S			EET ADDRESS				
CITY-ST-ZIP	W PALM BEACH FL			Y-ST-ZIP				
	<del> </del>							

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.

- CONTROL DE LO MARIO COMO :