

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 # F97428**

1. Corporation Name

**ROYCE MANAGEMENT CORP.**

Principal Place of Business

~~1601 BELVEDERE RD  
STE 501  
W PALM BCH FL 33406~~

Mailing Address

~~1601 BELVEDERE RD  
STE 501  
W PALM BCH FL 33406~~

2. Principal Place of Business

21 ~~Si~~ 3445 Peachtree Rd. NE  
22 Suite 700  
23 Atlanta, GA 30326

24 Zip 25 Country

2a. Mailing Address

26 3445 Peachtree Rd. NE  
27 Suite 700  
28 Atlanta, GA 30326

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. Thereby 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 the corporation

(NOTE: Registered Agent Signature is required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **PCBS** ☒ DELETENAME **BUDDMEYER, DAVID**

STREET ADDRESS **1601 BELVEDERE RD. #501S**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **T** ☒ DELETENAME **HALE, PHILLIP R**

STREET ADDRESS **1601 BELVEDERE RD, STE 501, SOUTH**  
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE **VS** ☒ DELETENAME **DIAZ, CHARLES M**

STREET ADDRESS **1601 BELVEDERE RD #501 S**  
CITY-ST-ZIP **W. PALM BEACH FL 33406**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition12 NAME **PRES**13 STREET ADDRESS **Robert Flanders**

14 CITY-ST-ZIP **3445 Peachtree Rd. NE Suite 700**  
21 TITLE **Atlanta, GA 30326**

22 NAME ☒ Change ☐ Addition

23 STREET

24 CITY-ST-ZIP

31 TITLE **VST**  
32 NAME **Mark Rafuse**  
33 STREET **3445 Peachtree Rd. NE Suite 700**  
34 CITY-ST-ZIP **Atlanta, GA 30326**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

FILED

APR 29 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/30/1982**

4. FEI Number

**59-2202147**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Flanders 4/28/99 (404) 364-9400