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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS.

DOCUMENT # G17091

1. Corporation	Name OF ROYAL PALM BEACH, I	NC.					
JENNIO	OF HOTAL FALM DEADER	140.					
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Principal Place	of Business	Mailing Address			· ·		
	MANGO ROAD. SUITE 19	1500 FLORIDA MANGO ROAD	D. SUITE 19				
P.O. BOX 24618 P.O. BOX 24618 WEST PALM BEACH FL 33416-1618 WEST PALM BEACH FL 33416			6-1618		,DO NOT WRITE	E IN THIS SPACE	
WEST PALM BEACH PL 33416-1010					3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·	λ
	•				12/23/1982		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			59-2254526		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		مىيىرنى تىس ىنىن ئىند ب	-5.= Certificate of Status Desired		Additional equired
22		27				1 60 11	_:
City & State	9	City & State			6. Election Campaign Financing	1 1	May Be to Fees
23	<u> </u>	28	<u> </u>		Trust Fund Contribution		to rees
Zip	Country	Zip	Country		This corporation owes the currel Personal Property Tax.	nt year intangible ☐ Yes	□No
24	25	29 3	<u> </u>		10. Name and Address of New Re		
	9. Name and Address of Current	Registered Agent	81	Name	10. Italiio dita yadalooo oo italii		
COR	PORATION CO OF MIAMI					1-2	
201 S. BISCAYNE BLVD			82	82 Street Address (P.O. Box Number is Not Acc		010)	3 753 4 516 15 51
	MIAMI CENTER		83		A CONTROL OF ANY CONTROL OF ANY CONTROL OF ANY	N (1, 23) 3 (6) 2(4) 2(4)	AND INCHES
	VII FL 33131				· 中央管理等的。1907年		7.80; 8.60; 8.50
			84	City	•	FL 85 Zip	Code
44 Priregant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	-named corpo	ration submits this statement for the p	ourpose of changing it	s registered
					n's board of directors. I hereby accept	the appointment as i	egistereu
			ia Statutes.				
agent. I'a	m familiar with, and accept the obligation	ons of, Section 607:0505, Florid	da Statutes.				*
SIGNATURE	m familiar with, and accept the obligate Signature, typed or printed name of registered agent	ons or, Section 007:0303; Florid		t signature required	when reinstating	DATE	
agent. I'a	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	Registered Agent	•	when reinstating) 4 ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable (NOTE: R	Registered Agent	•	when reinstating	DATE	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD PENDERGAST, GERARD J JR	and title if applicable. (NOTE: R	Registered Agent	•	when reinstating) 4 ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
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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, with all other like empowered.

SIGNATURE: MANAGE AND TYPE OF PENTED NOTE OF SIGNING OFFICE

Dayti

Daytime Phone #