FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #

SIGNATURE:

G19719

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REGAL VILLAGE, INC.

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|--------------------------------------|--|----------------------------|--|---------------------------|------------------|---|--|-------------------------------|-----------------------|--------------------------------|
| Principal Place of | of Business | Ma | alling Address | | | | | | | |
| | (. SIGERSON | SS Mailing Address ON | | | | | | | | |
| | granada Blyd. Beach Fl 32176 | | | | | | | | | |
| OHMOND BEACH FL 32170 OHMOND BEACH I | | | | | | | | 1 | | • |
| | | | | | | | | <u></u> | 05/01/ | |
| 2. Principal Place of Business | | | 1 | | | | | | | |
| 21 | | | | | | | 59-2453203 | | * | |
| Suite, Apt. # | , olc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | |
| City & State | | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | | | |
| 23 | | 28 | • | | | | Trust Fund Contribution | | | |
| Zıp | Country | | Zip | Cou | ntry | | 8. This corporation has liability for | intangible ta | x under s | 199.032, |
| 24 | 25 | 29 | | 30 | | | | | | |
| | 9. Name and Address of Curre | nt Regis | tered Agent | | | | 10. Name and Address of New F | tegistered a | Agent | |
| | | | | | 81 | Name | | | | |
| SIGER | SON, DAVID K. | | | | 82 | Street Add | ress (F.O. Box Number is Not Acceptate | ole) | | |
| | AST GRANADA BLVD. | | | | | | | | | |
| ORMOND BEACH FL 32074 | | | | | 83 | | | | | |
| | | | | | 84 | City | | | 85 2 | Zip Code |
| | | | | | | • | | | | |
| SIGNATURE | | | | | A gen | t signature require | d when reinstating) | DATE. | | |
| 12. | | ND DIREC | | 13. | | | ADDITIONS/CHANGES TO OFF | | | |
| TITLE | SD | | DELETE | 111 | ITL F | | | |] Change | Addition |
| NAME | HELMER, DARCY | | | 12 N | AME. | | | | | |
| STREET ADDRESS | | | | 1.3 \$ | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | 0 | | 1.4 CI | ITY - S | 1-2IP | | | | |
| TITLE | SD | | ☐ DETEJE | 2 11 | ITLE | | | ι | _] Change | Addition |
| NAME | SIGERSON, DAVID K. | | | 2.2 N | AME | | | | | |
| STREET ADDRESS | | | | 2.3 S | TREET | ADDRESS | | | | |
| CITY - ST - ZIP | ORMOND BHC, FL 0000 | 0 | | | | 1-7IP | | | 7 0 | - 1-1 4 A A A D C - |
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| STREET ADDRESS | | | | | | | | | | |
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| STREET ADDRESS | | | | | | ADDRESS | | | | |
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| NAME | | | | 6.2 N | | | | | | - |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 67 | i i | | ST-ZIP | | | | |
| 14. Ldo bereb | ! ny certify that the information suppli | d with this | s filing i do untarily fu | mished and | doe | s not qualify | for the exemption stated in Section 119 | 0.07(3)(k), Fid | orida Sta | lutes. I further |
| certify that oath; that | the information indicated on this a Lam an officer or director of the con Block 12 or Block 13 if changed of | inual repor poration of | or or skuptemental ar the ceiver or trust | nual report lec empowe | is tru ered | ue and accur to execute th | ate and that my signature shall have thi nis report as required by Chapter 607, F | e same legal liorida Statu | effect as tes; and | s if made unde that my name |

SONING OFFICER OR DIRECTOR a T y

May 10, 1996 (904) 672-7008

Date Date Destrict Proces