

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G31565** (6)

1. Corporation Name

**ROYAL TERRA, INC.**



Principal Place of Business

**1630 LENOX AVE., STE 203  
P O BOX 391885  
MIAMI BEACH FL 33139**

Mailing Address

**1630 LENOX AVE., STE 203  
P O BOX 391885  
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified  
**03/29/1983**

3a. Date of Last Report  
**01/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 **12700 Biscayne Blvd**

26 **% W P Owens**

4. FEI Number  
**59-2309424**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **101**

27 **P.O. Box 610097**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23 **North Miami, FL**

28 **North Miami, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24 **33181-2024** 25 **USA**

29 **33261-0097** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWENS, WILLIAM P., C.P.A.  
1630 LENOX AVE., STE 203  
MIAMI BEACH FL 33139**

81 Name  
**William P. Owens, CPA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12700 Biscayne Blvd, Suite 101**

83

84 City  
**North Miami**

85 Zip Code  
**FL 33181-2024**

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

*William P. Owens*

(NOTE: Registered Agent signature required when reinstating)

*4/2/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PS RUBIN, JAY**  
STREET ADDRESS **6690 SW 18 TERRACE RD**  
CITY-STATE-ZIP **OCALA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **RUBIN, JANET**  
STREET ADDRESS **9855A SW 89 TERRACE**  
CITY-STATE-ZIP **OCALA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Jay Rubin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-28-96* (904) 237-1136

CR2E034 (12/95)