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03-05-1999 90041 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H28220**

1. Corporation Name
ROYAL TERN REAL ESTATE, INC.



Principal Place of Business Mailing Address
 10102 S.E. ROYAL TERN WAY TEQUESTA FL 33469-1430 → *change of ADDRESS BELOW* ← 10102 S.E. ROYAL TERN WAY TEQUESTA FL 33469-1430 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **6769 SW 111th Loop** 26 **6769 S.W. 111th Loop**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **OCALA FL.** 27
 City & State City & State
 23 **34476** 28 **OCALA FL.**
 Zip Country Zip Country
 24 **USA** 29 **34476** 30 **USA**

3. Date Incorporated or Qualified
11/01/1984
 4. FEI Number Applied For
59-2457603 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
KRAMER, SCOTT
1155 U.S. HWY ONE, SUITE 205
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent
 81 Name **WALTER F. FORAN P.V.T.S**
 82 Street Address (P.O. Box Number is Not Acceptable)
6769 S.W. 111th Loop
 83 **OCALA FL.**
 84 City **FL** 85 Zip Code **34476**

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 **WALTER F. FORAN** *Walter F. Foran* **Feb 22, 1999**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | PVTS | <input checked="" type="checkbox"/> DELETE |
| NAME | FORAN, MARJORIE M. | |
| STREET ADDRESS | 1012 S.E. ROYAL TERN WAY | |
| CITY-ST-ZIP | TEQUESTA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FORAN, MARJORIE M. | |
| STREET ADDRESS | 10102 SE ROYAL TERN WAY | |
| CITY-ST-ZIP | TEQUESTA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|---|
| 1.1 TITLE | PVTS | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | FORAN, WALTER F. | |
| 1.3 STREET ADDRESS | 6769 SW 111th Loop | |
| 1.4 CITY-ST-ZIP | OCALA FL. 34476 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | FORAN, WALTER F. | |
| 2.3 STREET ADDRESS | 6769 S.W. 111th Loop | |
| 2.4 CITY-ST-ZIP | OCALA FL. 34476 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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: **WALTER F. FORAN** *Walter F. Foran* **2/22/99** **352-873-8665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)