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95 MAR -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H44194 (9)

1. Corporation Name

ROYAL OAKS REALTY SALES CORP.

Principal Place of Business

% R.O. LOVELL
1498 W. 84TH ST
HIALEAH FL 33014

Mailing Address

% R.O. LOVELL
1498 W. 84TH ST
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/21/1985

3a. Date of Last Report

01/19/1994

4. FEI Number

59-2625076

Applied For

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVELL, R.O.
1498 W. 84TH ST
HIALEAH FL 33014

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. I hereby 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 if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LOVELL, R.O.
STREET ADDRESS	1498 W. 84TH ST
CITY - ST - ZIP	HIALEAH FL
TITLE	SD
NAME	LOVELL, E.B.
STREET ADDRESS	1498 W. 84TH ST
CITY - ST - ZIP	HIALEAH FL
TITLE	D
NAME	COLUNGA, FRANK M.
STREET ADDRESS	1498 W. 84TH ST
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DECEASED ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	ASST. SD ☐ Change ☒ Addition
4.2 NAME	WHITE, VALERIE
4.3 STREET ADDRESS	1498 West 84th Street
4.4 CITY - ST - ZIP	Hialeah, FL
5.1 TITLE	ASST. TD ☐ Change ☒ Addition
5.2 NAME	LOVELL, ROSE A.
5.3 STREET ADDRESS	1498 West 84th Street
5.4 CITY - ST - ZIP	Hialeah, FL
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(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 on an attachment with an address.

SIGNATURE: *R.O. Lovell* R. O. LOVELL, PRESIDENT

2/10/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature