## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H44657 1. Corporation Name

ROYAL AIR/SEA LIMITED, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90123 005 \*\*\*150.00



Principal Place of Business Mailing Address  1061 NW 75TH TERR 1061 NW 75TH TERR				I SBBIANI BINI ASANI
••• ••• ••• •• •• •• •• •• •• •• •• ••		1061 NW 75TH TERR PLANTATION FL 33313		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				02/27/1985
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 -	and the second of the second of	26		59-2563493 Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29 30	Country	8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
- CA	LCAVECCHA -		81 Name	CALCAVE CCHIA ROSALYN V
CALAVECCHIA, ROSALYN V			82 Street A	Address (P.O. Box Number is Not Acceptable)
	N.W. 75TH TERRACE			
PLAN	ITATION FL 33313		83	
			84 City	85 Zip Code
				FL   10   14   15   15   15   15   15   15   15
office or I	to the provisions of Sections 607.0503 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was auth	orized by the corpo	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	, ,			
SIGIATORE	Signature, typed or printed name of registered agen		gistered Agent signature re	
12.	<del>,</del>	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE	Citalize C vocinos
NAME	CALAVECCHIA, ROSALYN V		1.2 NAME	
STREET ADDRESS	[		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE	CALANECCHIA DOCALVALV		2.1 IIILE 2.2 NAME	
NAME	Calavecchia, Rosalyn v   1061-nw-75th-terr	حادث الأحادث الماد	2.3 STREET ADDRESS	
	PLANTATION FL		2.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	PONTATION FL	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	•
CITY-ST-ZIP	1		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS		,	4.3 STREET ADDRESS	
CITY-ST-ZIP ·			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	•
STREET ADORESS		٠,,	5.3 STREET ADDRESS	ţ
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·
TITLE ( ,	1.7	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition (
NAME ·			6.2 NAME	
STREET ADDRESS	:		6.3 STREET ADDRESS	

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: