Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90175 007 ***150.00

(ZEU34 (11/36)

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 # H73180

1. Corporatio	n Name						
ROYAL OLDSMOBILE, INC.							
	,				A CORROL BUST TRACER TRACE FROM FROM TRACE TRACE	A Rìo n Carr Rich	ALAR KUKU IKAL
,							
Principal Place of Business Mailing Address							
2700 HIGHWAY 280 EAST 2700 HIGHWAY 280 EAST							
STE 300 STE 300					DO NOT WRITE IN TH	IS SPACE	
BIRMINGHAM AL 35223 US BIRMINGHAM AL 35223 US					3. Date Incorporated or Qualifed		
)		•			08/27/1985		,
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	At	oplied For
21		26			59-25691 <u>65</u>	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	,	Additional
		27			J. Carincate of Clauds Desired	Fee Re	equired
City & State		City & State	City & State		6. Election Campaign Financing	• • •	Мау Ве
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the current year I	Intangune IZ Yes	□No
24	25		30		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curren	t Registered Agent	81	Name	IV. Maille allo Address of New Rogistore	a Agent	_
СТ	CORPORATION SYSTEM						_
1200 SOUTH PINE ISLAND ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PLAI	NTATION FL 33324		83				
			- <u></u> -			00 7:0	Code
			84	City	F	L 85 Zip (Cone
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	e-named corpo	pration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corporation	n's board of directors. I hereby accept the app	ointment as re	gistered
	III taliniai Will, and accept the obliga-						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: F				nt signature required			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	Addition
TITLE	P	☐ DELETE	1.1 TITLE			□ Citalige	
NAME	BELCHER, DAVID		1.2 NAME				
STREET ADDRESS	3010 COLUMBIANA ROAD			T ADDRESS			
CITY-ST-ZIP	VESTAIIA AL	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		Change	Addition
TITLE		€ nerese	2.1 TITLE 2.2 NAME				
NAME				TADORESS			
STREET ADDRESS			2.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	51-ZIP		Change	☐ Addition
NAME			3 2 NAME		-		
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	}	,	, ,	
STREET ADDRESS			4.3 STREE	T ADDRES\$	•		
C/TY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		·	Change	Addition Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS		-	
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			A statute :
TITLE		☐ DELETE	6.1 TITLE		•	☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T 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 appreas, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/15/91 (205)823-3/02 Datte | Daytime Phone #