

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J05993

(7)

1. Corporation Name

THE ROYCE CORPORATION



Principal Place of Business

Mailing Address

243 N.E. ACACIA TR.
P.O. BOX 1536
JENSEN BEACH FL 34957
US

P.O. BOX 1536
P.O. BOX 1536
JENSEN BEACH FL 34957
US

3. Date Incorporated or Qualified

03/25/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2731 N.E. Pinecrest Lks Blvd

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Jensen Bch. FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

34957

MARTIN

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUSTAF, ROBERT H.
2791 NE PINECREST LAKES
JENSEN BEACH FL 34957

NEW ADDRESS

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2731 N.E. Pinecrest Lks Blvd

83

84 City

Jensen Beach

FL

85 Zip Code

34957

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 corporation)

(Date) Registered Agent's signature (name and address)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GUSTAF, ROBERT H.	
STREET ADDRESS	243 N.E. ACACIA TRAIL	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GUSTAF, JOYCE C.	
STREET ADDRESS	243 ACACIA TRAIL	
CITY-ST-ZIP	JENSEN BEACH 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2731 N.E. Pinecrest Lks Blvd
14 CITY-ST-ZIP	Jensen Bch. FL 34957
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2731 N.E. Pinecrest Lks Blvd
24 CITY-ST-ZIP	Jensen Bch. FL 34957
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 officer or trustee authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] V.P.

4/16/96 407-334-7429

CR2E034 (12/95)