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FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J42438** (8)

1. Corporation Name
ROYAL MANAGEMENT, INC.

Principal Place of Business

**1980 N ATLANTIC AVE #902
P.O. BOX 321472
COCOA BCH FL 32932**

Mailing Address

**P O BOX 340029
ORLANDO FL 32854-0029
US**



2. Principal Place of Business

21 **934 N. MAGNOLIA AVE**

Suite, Apt. #, etc.

22 **# 310**

City & State

23 **ORLANDO, FL**

Zip

24 **32803**

Country

25 **ORANGE**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

11/10/1986

3a. Date of Last Report

08/19/1996

4. FEI Number

59-2768723

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BENEDETTI, RONALD
1980 N ATLANTIC AVE 902
COCOA BCH FL 32932**

10. Name and Address of New Registered Agent

81 Name

BENEDETTI, RONALD

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

934 N. MAGNOLIA AVE. # 310

83

84 City

ORLANDO

FL

85 Zip Code

32803

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]
Signature, typed or printed name of registered agent and title if applicable

PRES. RONALD BENEDETTI 2-12-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PST BENEDETTI, RONALD**
STREET ADDRESS **1980 N ATLANTIC AVE #902**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PST** ☒ Change ☐ Addition
1.2 NAME **BENEDETTI, RONALD**
1.3 STREET ADDRESS **934 N. MAGNOLIA AVE. # 310**
1.4 CITY-ST-ZIP **ORLANDO, FL 32803**

2.1 TITLE ☐ 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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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.

SIGNATURE: *[Signature]* **PRES 2-12-97**
Signature and typed or printed name of signing officer or director

Date Daytime Phone #

CR2E034 (9/96)