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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:33

DOCUMENT # J75761 (3)

1. Corporation Name
ROYAL PALM COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
75 MAIN ST. % WSUS COMMUNITCATIONS. PO BOX 102 FRANKLIN NJ 07416	75 MAIN ST. % WSUS COMMUNITCATIONS. PO BOX 102 FRANKLIN NJ 07416

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1987
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21 1607 E. 13th Plaza
Suite, Apt. #, etc. 22
City & State 23: Lynn Haven, FL
Zip 24: 32444 Country 25: US

2a. Mailing Address
26 PO Box 474
Suite, Apt. #, etc. 27
City & State 28: Lynn Haven, FL
Zip 29: 32444 Country 30: US

4. FEI Number: 22-2810269 ☐ 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

9. Name and Address of Current Registered Agent

BARDACH, PETER M
1607 E 13 PLZ
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☒ Change ☐ Addition
NAME	BARDACH, PETER M.	1.2 NAME	
STREET ADDRESS	75 MAIN STR	1.3 STREET ADDRESS	1607 East 13th Plaza
CITY-ST-ZIP	FRANKLIN NJ	1.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	NORMOYLE, JAMES E.	2.2 NAME	
STREET ADDRESS	75 MAIN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN NJ	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ 1/30/95 904-201-2184
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR DIRECTOR — Date — Daytime Phone #
Peter M. Bardach

038118 FP