Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90226 024 ***150.00

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 # K37169

1. Corporation Name

ROYAL PALM INTERNATIONAL REALTY INC.

Dringing Bloom	o of Duoisease	Mailing Address	_						
Principal Place of Business Mailing Address 149 SW 15TH DR % CARY M. NAGDEMAN									
BOCA RATON FL 33432 US		149 SW 15TH DR. BOCA RATON FL 33432-7225		DO NOT \	DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Quali 10/03/1988	ied			
Principal Place of Business 2a. Mailing Address					4. FEI Number	·-		plied For	
21		26			<u>65-0112753</u>	00 0112100		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		5. Certifcate of Status Desire	d 🗆	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financ Trust Fund Contribution					
Zip	Country	Zip	Country		8. This corporation owes the	current year	_		
24 25 29 30			<u> </u>		Personal Property Tax.				
	9. Name and Address of Curre	int Registered Agent	81		10. Name and Address of Ne	w Registere	d Agent		
				Name					
Nagdeman, Cary M. 149 Sw 15th dr.			82	Street /	dress (P.O. Box Number is Not Acceptable)				
BOC	A RATON FL 33432		83						
			84	City		F	85 Zip (Code	
office or r	egistered agent, or both, in the State	502 and 607.1508, Florida Statutes, e of Florida. Such change was autho gations of, Section 607.0505, Florida	orized by	the corpo	corporation submits this statement for oration's board of directors. I hereby a	the purpose scept the app	of changing its pointment as re	registered gistered	
SIGNATURE					equired when reinstating)	DATE			
	Signature, typed or printed name of registered ag	NOTE: Reg	13.	nt signature re	ADDITIONS/CHANGES TO		AND DIRECTO	DRS IN 12	
TITLE	P/D	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO	OI I IOERO	☐ Change	Addition	
	NAGDEMAN, CARY M.	_ 5_54	1.2 NAME					_	
NAME	149 SW 15TH DR.							}	
STREET ADORESS				T ADDRESS				1	
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-219			Change	Addition	
TITLE		□ betere							
NAME			2.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		☐ DELETE	2.4 CITY-5	ST-ZIP			Change	Addition	
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STREET ADDRESS				!				}	
CITY-ST-ZIP		T ADDETE	5.4 CITY-S 6.1 TITLE	1-219				Addition	
TITLE		☐ DELETE		1			☐ Change		
NAME			6.2 NAME					ŀ	
STREET ADORESS		7	6.3 STREE	I 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP