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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # K75525 (1)  ROYAL SPRINGS CORP.							<b>a</b> ia
Principal Place	of Business	Mailing Address			- I HEREN ON HELD BY BY BY BY		## #### ####
C/O DONAL	D S. ROSENBERG HRD AVE., 2600 AMERIFIRST BLD	C/O DONALD S. RO	C/O DONALD S. ROSENBERG ONE S.E. THIRD AVE., 2600 AMERIFIRST BLDG.				
~					3. Date Incorporated or Qualified 03/24/1989	3a. Date of L 03/0	ast Report <b>8/1995</b>
. Principal Place of Business  Suite, Apt. #, etc.		2a. Mailing Address	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		4. FEI Number 65-0108587		Applied For
		Suite, Apt. #, etc.			Certificate of Status Desired	× \$	Not Applicable \$8.75 Additional
City & State						· · · · · · · · · · · · · · · · · · ·	Fee Required
		28			<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		\$5.00 May Be Added to Fees
<i>Ζ</i> γρ Ι]	Country 25	Z <sub>I</sub> p <b>29</b>	Country 30	;	8. This corporation has liability for Florida Statutes X Yes	intangible tax un	
····	9. Name and Address of Cu	rrent Registered Agent		T : = : = : = : = : = : = : = : = : = :	10. Name and Address of New F	legistered Age	nt
DUGENI	BERG, DONALD S.		81	Name			
	MERIFIRST BUILDING		82	Street Addre	ess (P.O. Box Number is Not Acceptat	vle)	
ONE S.E. THIRD AVE. MIAMI FL 33131			83				
	N A		84	City		FL  85	·
or registere	ed agent, or both, in the State of	Florida. Such change was authori	tes, the above-r zed by the com	named corpora ioration's board	ation submits this statement for the pur diof directors. Thoughy account the con-	pose of changin	g its registered offici
IGNATURE .	ed agent, or both, in the State of h, and accept the obligations of, Signature, typed or printed name of registered	Security 507.5505, Florida Statute	tes, the above-fized by the corp s.		ation submits this statement for the pur d of directors. Thereby accept the appointment of the pure statement		g its registered offici stered agent. I am
IGNATURE	Signature, typed or philled han e of registered.  OFFICE:RS	agentiano tront applicable (N 6 AND DIRECTORS	5.			DATE	
IGNATURE	Signature, typed or printed name of registered OFFICERS  DPT	agent and the if applicable (N	01± Registeren Δη ν  13.  1.17/ΠΕΕ		i wheel reconstruction	DATE	ECTORS IN 12
IGNATURE	Signature, typed or printed name of registered OFFICERS  DPT HOFMANN, ROBERT L.	agentiano tront applicable (N 6 AND DIRECTORS	13. 1.1 THE	d Sojinatur, respuesaj	i wheel reconstruction	DATE	ECTORS IN 12
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