

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90122 001 ***900.00

DOCUMENT # L36301

1. Entity Name
**ROYAL CONTINENTAL MANAGEMENT ENTERPRISES,
INC.**



Principal Place of Business

**% BRUCE M. GOTTLIEB
125 N 46TH AVE
HOLLYWOOD, FL 33021**

Mailing Address

**% BRUCE M. GOTTLIEB
125 N 46TH AVE
HOLLYWOOD, FL 33021**

66413556



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0165067 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GOTTLIEB, BRUCE M.
125 N 46TH AVE
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SDVT CARROLL, DONALD 8200 W SUNRISE BLVD 125 N 46th Avenue PLANTATION, FL Holly wood, FL 33021 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CARROLL, DONALD 8200 W SUNRISE BLVD 125 N 46th Avenue PLANTATION, FL Holly wood, FL 33021 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD OLIVERI, ANGELO 125 N 46TH AVE 125 N 46th Avenue HOLLYWOOD, FL 33021 Holly wood, FL 33021 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *D. W. Carroll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

Date

954-966-7900

Daytime Phone #