PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **L54832**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90020 013 ***150.00

ROYAL CLASS IMPORT-EXPORT CORP.										
Principal Place of Business	Mailing Address				1	f 20011011 and Alest AidPl Idina lesta ilat bins	#1#11 #1#11	AIĞII BIEN AIRN IZDI		
2513 N GULF BLVD P O BOX 248 2513 N. GULF BLVD. 2513 N. GULF BLVD. INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785-03		1248		DO NOT WRITE IN THIS SPACE						
US	US				3.	Date Incorporated or Qualifed 03/05/1990				
Principal Place of Business 21	2a. Mailing Address				4.	FEI Number 59-3001855		Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, et	c			.5.	Certificate of Status Desired		75 Additional se Required		
City & State	City & State				6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
Zip Country 24 25	Zip 29	30 Co	untry		8.	This corporation owes the current year I Personal Property Tax.	ntangible			
9. Name and Address of Curi					10.	Name and Address of New Registere	Agent			
GREENBERG, BERNARD Z. 2513 N. GULF BLVD.			81	Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)					
HADIMA LIOCUS BEVOLLES 94003	VETO		83	City			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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OPERICAPS IN 12

	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ΠΊLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LICHTENDAHL, KENNETH	1.2 NAME	
STREET ADDRESS	% 3264 HILDRETH AVE	1.3 STREET ADDRESS	·
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LICHTENDAHL, CHARLES	2.2 NAME	
STREET ADDRESS	3264 HILDRETH AVE.	2.3 STREET ADDRESS	
~CITY+ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	D DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Greenberg, Bernard Z.	3.2 NAME	
STREET ADDRESS	2513 N. GULF BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Indian Rock BCH FL	3.4. CITY-ST-ZIP	,
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	•
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TTLE	. DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	•
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	·
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	t in Section 119 07(3)(i) Florida Statutes further certify that the information

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 Property of 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.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED WAME OF PICER OF DIRECTOR DATE DATE DATE OF PRINTED WAME OF PICER OF DIRECTOR DATE DATE.

HY199 DaytimelPhone # CP2En34 (11/98