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 # L69792 1. Corporation Name

ROYAL PALM BUILDERS, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90155 023 ***150.00

CONTRACT CASE										
	<u>:</u>									EN EN EN EN EN EN
Principal Place of Business Mailing Address										
S811 PEUCAN BAY BLVD. 275 NORTH FRANKLIN TPK SUITE 208 RAMSEY NJ 07446			K							
NAPLES FL 33063							DO NOT WRITE IN THIS SPACE			
						;	3. Date Incorporated or Qualifed 04/30/1990			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		App	lied For
21	26					65-0205038		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	
22		27					<u> </u>		Fee Rec	<u></u>
City & State	e	City & State					6. Election Campaign Financing		\$5.00 1	
23		28					Trust Fund Contribution		Added to	rees
Zip	Country	Zip Country			-= -	8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
24	9. Name and Address of Current	29 Penistered Agent	30		` _		0. Name and Address of New Ro			
	5. Name and Address of Current	rodistered Agent		81	Name			•		
LAW	SON, LINDA A.						70 O. D N best in New Assessment			
866 99TH AVENUE, NORTH				82	Street	t Address (P.O. Box Number is Not Acceptable)				
	LES FL 33963			83						
									T1 0	
				84	City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	above	-named	corporat	tion submits this statement for the	ourpose of	changing its	registered
office or n	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m.familiar with, and accept the obligation	f Florida. Such change was a	autnonze	a bv	the corp	ooration's	board of directors. I hereby accept	the appoin	itment as reg	gistered
i∵ sagenu ia (filise⊭	m tamiliar with, and accept the congate	ons di, Secuoii do7.5555, i ii により提出しず知らい。	Jilda Sta	10163	•					
SIGNATURE	Signature, typed or printed name of registered agent		E: Registere	d Agen	t signature i	required whe	en reinstating)	DATE		
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	Р	☐ DELETE	1.1 T	TTLE		1			☐ Change	Addition
NAME	COLEMAN, STEPHEN		1,2 N	IAME						
STREET ADDRESS	275 N. FRANKLIN TURNPIKE		1.3 5	TREET	ADDRESS	3				
CITY-ST-ZIP	RAMSEY NJ 07446		1,40	1.4 CITY-ST-ZIP					(7) 61	f a day
TITLE	V □ DELETE			2.1 ΠTLE					Change	Addition
NAME	COLEMAN, WILLIAM		221	IAME		1				
STREET ADDRESS	275 N. FRANKLIN TURNPIKE		2.3 8	TREE	ADDRESS	5				
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP		 			Change	Addition
TITLE	DV	☐ DELETE		TILE_		-			L''I cuaula	C) Addition
- NAME	-BUTWIN, MARTIN			VAME						ļ
STREET ADDRESS	275 N. FRANKLIN TURNPIKE				ADDRESS	١,				
CITY-ST-ZIP	RAMSEY NJ 07446	DELETE	_	CITY-S TITLE	I-ZIP	+			☐ Change	☐ Addition
TITLE		C) DETELE		NAME		1				
NAME					ADDRESS		•			
STREET ADDRESS			1	OTY-S		1				
TITLE		☐ DELETE	_	TITLE	1- LIF	 			Change	Addition
				NAME						
NAME STREET ADDRESS		-p -	5.3 \$	TREET	ADDRESS	3	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP	/			CITY-S						Ì
TITLE	<u> </u>									
	1 11	☐ DELETE	6.17	TTLE		}			☐ Change	☐ Addition
J	//	DELETE		TILE					☐ Change	☐ Addition
NAME STREET ADDRESS	\ 	DELETE	6.21	TTLE VAME	ADDRESS				☐ Change	☐ Addition

64 CITY-ST-ZIP

If with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information that 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 believe or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report or officer or director of the corporate Block 12 or Block 13 if changes,

HGNATURE:

GNATURE REQUIRED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 941-566-2719
Date Daytime Phone #