## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # L76104** 

(3)

ROYAL ENTERTAINMENT, INC. Principal Place of Business Mailing Address 5105 W CYPRESS ST PO BOX 22714 TAMPA FL 33622-2714 **TAMPA FL 33607** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1990 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3039724 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country Zio Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ZKYes ☐ No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LANGE, KENNETH C. LANge KENNETH Address (P.C.). Box Number is Not Acceptable 15210 AMBERLY DRIVE 82 **APT 912** 83 TAMPA FL 33647 84 Zip Code CHAPE 502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ale of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered bligations of, Section 607.0905. Florida Statutes. 11. Pursuant to the provitions of Sections 607 office or registered agent, or both, in the Sagent. Largital filiar with, and accept the HETH SIGNATURI (NOTE: Registered Agent signature required w ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13 Change Addition Director DELETE 1.1 TITLE TITLE KENNETH LANGE LANGE, KENNETH C. 1.2 NAME NAME old marash 15210 AMBERLY DR 912 29013 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33647 1.4 CITY - ST - ZIP CHY-S1-ZIP Addition DELETE TITLE 2.1 TITLE LANGE , KEYNETH LANGE, KEVIN C NAME 2.2 NAME OldMARSH END 29003 15210 AMBERLY DR 912 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33647 wes lev CHY-S\*-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACCRESS 3.4 CITY-ST-7IP CHY-ST-ZIP DELETE Change Addition 4.1 TITLE Title 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY- ST- 2IP DELETE 5.1 TITLE Change Addition THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition THUE DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block

 I do hereby certify that the information supplied with information indicated on this grinual report or supple

CITY-ST-ZIE

INTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Auge

his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the central annual report is true and accurate and that thy signature shall have the same legal effect as if made under oath; that seiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

813-288-9225

FILED

Apr 09 1997 8:00am

Secretary of State