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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ROYAL MAHOGANY ENTRIES, INC.

Mailing Address

## **FILED** May 09 1997 8:00am Secretary of State



407 COMMERCE WAY, UNIT 12-A JUPITER FL 33458				407 COMMERCE WAY, UNIT 12-A JUPITER FL 33458-8876							
								3. Date Incorporated or Qualified 06/08/1990		le of Last R <b>19/1996</b>	leport
2. Principai Pi	lace of Business	2a. Mailing Ad	2a. Mailing Address				4. FEI Number			plied For	
21		26					65-0195312			ot Applicable	
Suite, Apt.		27					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23		28				Election Campaign Financing     Trust Fund Contribution	Added to Fees				
Zip 24	25	Country	Zip 29	30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   ▼ Yes □ No			
			ent Registered Agen	nt				10. Name and Address of New Re	gistered A	gent	
	JUN, JEAN, PA				['	81	Name				
nua	57 HOBART ST Te <b>25</b>				82	Street Add	lress (P.O. Box Number is Not Acceptab	le)			
TEQ	IUESTA FL 334	69			1	83					
					1	84	City	and a control of the	FL	<b>85</b> Zip	Code
11. Pursuant to office or reagent. I as SIGNATURE	to the provisions egistered agent, m familiar with, a	of Sections 607.09 or both, in the Sta nd accept the obl	502 and 607,1508, Flo te of Florida. Such ch igations of, Section 60	orida Statu nange was 07.0505, Fl	tes, the ab authorized lorida Statu	ates ove	e-named cor the corpora s.	poration submits this statement for the partion's board of directors. I hereby acception	urpose of at the appo	changing it piritment as	ts registered registered
SIGNATURE	Signature, typed or prin	sted name of rugistered a	gont and too if applicable	(NO		Age	ol signature requ	aired when reinstating)	DATE		
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TALE	D	מומרו ד	LJ	DELETE	1.1 111					Change	Addition
NAME	LORANGER, 10857 HOBA	GISTLE DT OT			1.2 NAI		İ				
STREET ADDRESS	TEQUESTA F						ADORESS				
CITY-ST-ZIP	n IEGOESIA I	L		DELETE	1.4 C(1 2.1 T(1		1- ZIP			Change	Addition
TITLE NAME	POULIN, JEA	N.PAUI	ربا	PECCIF	2.2 NAI					LT Diango	
STREET ADDRESS	10857 HOBA				. <b>i</b>		ADDRESS				
CITY-ST-ZIP	TEQUESTA F				2. 4 CI						
TITLE				DELETE	3.1 1ITI					Change	Addition
NAME					3.2 NA	ME					
STREET ADDRESS					3.3 \$11	REFT	ADDRESS				
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NAME					5 2 NA		ADDRESS				
STREET ADDRESS					-		ADDRESS				
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NAME			<del>-</del>	1 555616	62 NA						pa. al . 100 (1.01)
STREET ADDRESS							ADDRESS				
CITY_ST_7IP					64 CB						

I do 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name