FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:47

DOCUMENT # **L81599** **(7)**

1. Corporation Name
ROYAL CARIBBEAN HOMES, INC.

Principal Place of Business	Mailing Address
1012 SQUAW VALLEY CT. P.O. BOX 684 VENICE FL 34284	1012 SQUAW VALLEY CT. P.O. BOX 684 VENICE FL 34284

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/18/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 435 Tremingham Way
22 Suite, Apt. #, etc.: Venice Fl
23 City & State:
24 Zip: 25 Country:

2a. Mailing Address
26: P.O. Box 684
27 Suite, Apt. #, etc.: Venice, Fl. 34284-0684
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 65-0205863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAHROW, THOMAS H.
1012 SQUAW VALLEY CT.
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83: ~~435 Tremingham Way~~
Venice, Fl. 34293
84 City: **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE		☐ Change ☐ Addition
NAME	KAPPEL, DOLORES J.	1.2 NAME		
STREET ADDRESS	933 EAST KATHY COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP		
TITLE	DPS	2.1 TITLE		☐ Change ☐ Addition
NAME	SAHROW, THOMAS H.	2.2 NAME		
STREET ADDRESS	1012 SQUAW VALLEY CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	435 Tremingham Way Venice, Fl.	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	SAHROW, KATHLEEN	3.2 NAME		
STREET ADDRESS	1012 SQUAW VALLEY CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	435 Tremingham Way Venice, Fl.	
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	SAHROW, MARY P.	4.2 NAME		
STREET ADDRESS	1012 SQUAW VALLEY CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/4/95 813-753-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #