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FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L81599

(7)

1. Corporation Name

ROYAL CARIBBEAN HOMES, INC.

Principal Place of Business

435 TREMINGHAM WAY  
P.O. BOX 684  
VENICE FL 34284  
US

Mailing Address

P. O. BOX 684  
P.O. BOX 684  
VENICE FL 34284-0684  
US

3. Date Incorporated or Qualified

06/18/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0205863

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SAHROW, THOMAS H.  
435 TREMINGHAM WAY  
VENICE FL 34283

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/97

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME KAPPEL, DOLORES J.  
STREET ADDRESS 933 EAST KATHY COURT  
CITY-ST-ZIP VENICE FL

TITLE DPS ☐ DELETE

NAME SAHROW, THOMAS H.  
STREET ADDRESS 435 TREMINGHAM WAY  
CITY-ST-ZIP VENICE FL

TITLE T ☐ DELETE

NAME SAHROW, KATHLEEN  
STREET ADDRESS 435 TREMINGHAM WAY  
CITY-ST-ZIP VENICE FL

TITLE VP ☐ DELETE

NAME KLINGE, HAROLD F  
STREET ADDRESS 6808 SEVEN PINES DR  
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VP  
BERRY, KENNETH  
6808 SEVEN PINES DR.  
BRADENTON, FL

14. 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 appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/1/97

1-941-753-9222

CR2E034 (9/96)