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

APPROVED AND FILED

95 APR 21 AM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE *****200.00

DOCUMENT # L85651 (2)

1. Corporation Name

ROYAL PALM DEVELOPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 369 275 N. FRANKLIN TPKE RAMSEY NJ 07446	P.O. BOX 369 275 N. FRANKLIN TPKE RAMSEY NJ 07446

3. Date Incorporated or Qualified: 07/09/1990
3a. Date of Last Report: 10/07/1994

4. FEI Number: 65-0213061 ☐ 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

2. Principal Place of Business
21: 5811 Pelican Bay Blvd
22: Suite, Apt. #, etc.
23: City & State: NAPLES, FL
24: Zip: 33963
25: Country: COLLIER

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

LAWSON, LINDA A.
866 99TH AVENUE NORTH
NAPLES FL 33963

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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHEINHOLZ, IVY	1.2 NAME	
STREET ADDRESS	9853 TAMIAMI TRAIL N. ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	227C NAPLES FL 33963	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	BUTWIN, MARTIN	2.2 NAME	
STREET ADDRESS	5811 PELICAN BAY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, WILLIAM	3.2 NAME	
STREET ADDRESS	275 N. FRANKLIN TPKE	3.3 STREET ADDRESS	Tis. 4/21/95
CITY-ST-ZIP	RAMSEY NJ 07446	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, WILLIAM	4.2 NAME	
STREET ADDRESS	275 N. FRANKLIN TPKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RAMSEY NJ 07446	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHEINHOLZ, ARTHUR	5.2 NAME	
STREET ADDRESS	9853 TAMIAMI TR. N. ST. 227C	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	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)(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 if changed, or on an attachment with an address.

SIGNATURE: X _____ X 4/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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