

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L85651** (2)

1. Corporation Name

ROYAL PALM DEVELOPMENT COMPANY, INC.



Principal Place of Business

**5811 PELICAN BAY BLVD.
NAPLES FL 33963**

Mailing Address

**P.O. BOX 369
275 N. FRANKLIN TPKE
RAMSEY NJ 07446**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified

07/09/1990

3a. Date of Last Report

04/21/1995

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

9. Name and Address of Current Registered Agent

**LAWSON, LINDA A.
888 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
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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHEINHOLZ, IVY	
STREET ADDRESS	9853 TAMiami TRAIL N. ST.	
CITY - ST - ZIP	227C NAPLES FL 33963	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BUTWIN, MARTIN	
STREET ADDRESS	5811 PELICAN BAY BLVD	
CITY - ST - ZIP	NAPLES FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	COLEMAN, WILLIAM	
STREET ADDRESS	275 N. FRANKLIN TPKE	
CITY - ST - ZIP	RAMSEY NJ 07446	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COLEMAN, WILLIAM	
STREET ADDRESS	275 N. FRANKLIN TPKE	
CITY - ST - ZIP	RAMSEY NJ 07446	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SCHEINHOLZ, ARTHUR	
STREET ADDRESS	9853 TAMiami TR. N. ST. 227C	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	300001790213
4.4 CITY - ST - ZIP	-04/23/96--01059--009
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	***200.00
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD25004/12051