

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M18844** (4)
1. Corporation Name
ROYAL PALM COACH, INC.

Principal Place of Business 1300 N. FEDERAL HIGHWAY FT LAUDERDALE FL 33304	Mailing Address 1300 N. FEDERAL HIGHWAY FT LAUDERDALE FL 33304-1428
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2. Principal Place of Business 21 4901 N. Federal Hwy. Suite, Apt. #, etc. 22 Suite 350 City & State 23 Ft. Lauderdale, FL Zip 24 33308		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Broward 30		3. Date Incorporated or Qualified 08/02/1985	3a. Date of Last Report 08/10/1996
				4. FEI Number 59-2564347	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAMS, BARBARA 1300 N FEDERAL HWY FT LAUDERDALE FL 33304		10. Name and Address of New Registered Agent 81 Name Eric J. Dorer 82 Street Address (P.O. Box Number is Not Acceptable) 412 NE Fourth St. 83 84 City Ft. Lauderdale FL 85 Zip Code 33301	
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11. Pursuant to the provisions of Sections 607.058 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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  **ERIC J. DORER** DATE **4/7/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BARBARA	1.2 NAME	
STREET ADDRESS	1300 N FEDERAL HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33304	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, ROGER	2.2 NAME	
STREET ADDRESS	2235 OKEECHOBEE BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL 33409	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRONRATH, GARY	3.2 NAME	
STREET ADDRESS	1300 N. FEDERAL HWY.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33304	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **Barbara Williams** 4-2-97 954-489-3973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)