

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 # M34206 (6)

1. Corporation Name

ROYAL COLONIAL ESTATES, INC.



Principal Place of Business

Mailing Address

~~24856 S.W. 177 AVE~~
HOMESTEAD FL 33031
US

~~24856 S.W. 177 AVE~~
HOMESTEAD FL 33031
US

3. Date Incorporated or Qualified
06/25/1986

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

21 17750 S.W. 248 St.

22 Suite, Apt. #, etc.

23 City & State

Homestead, FL

24 Zip 33031

25 Country USA

2a. Mailing Address

26 17750 S.W. 248 St.

27 Suite, Apt. #, etc.

28 City & State

Homestead, FL

29 Zip 33031

30 Country USA

4. FEI Number
59-2710407

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

10. Name and Address of New Registered Agent

VELLANTI, THOMAS A.
~~24856 S.W. 177TH AVE.~~
HOMESTEAD FL 33031

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
17750 S.W. 248 Street

83

84 City Homestead

FL 85 Zip Code
33031

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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VELLANTI, THOMAS A.
STREET ADDRESS 27520 S.W. 164 COURT
CITY-ST-ZIP HOMESTEAD FL ☐ DELETE

TITLE STD
NAME VELLANTI, VELIA G.
STREET ADDRESS 27520 S.W. 164 COURT
CITY-ST-ZIP HOMESTEAD FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Vellanti, President

May 10, 1996

Date

(305) 247-6623

Daytime Phone #

CR2E034 (12/95)