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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ROYALWOOD BUILDERS, INC.

(8)

## **FILED** Feb 10 1998 8:00am Secretary of State

HOTALWOOD DO	LULIIO, IIIO,							ii i
Principal Place of Business		Mailing Address				INDIA BUDI DIANK DIANK DIBIK	ARTI OMNO DIN 11	
14344 NORTH RD		14344 NORTH RD						
LOXAHATCHEE FL 33470	LOXAHATCHEE FL 3347							
<b>U\$</b> US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					i '	mea		
2. Principal Place of Busine	ss	2a. Mailing Address			11/26/1986 4. FEI Number		Applied F	or
21	26			NOT APPLICABLE		Not Appli		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desir	_ \$	8.75 Addition		
22		27					Fee Required	
City & State	}	City & State			6. Election Campaign Finance		5.00 May B	
Zıp	Country	<b>28</b> [	Countr	,	Trust Fund Contribution		Added to Fees	
24 25		29	30		This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.  Yes No			
	nd Address of Current R	· · · · · · · · · · · · · · · · · ·	1001		10. Name and Address of N			
PURRE, TARMO	<b>)</b>		81	Name				
14344 NORTH RD LOXAHATCHEE FL 33470			82	Street A	ddress (P.O. Box Number is Not Ac	ceptable)		
			83					1
			64	City		<b></b> 8:	Zip Code	$\neg \neg$
44 D	in the state of th	J COZ 15 00 1 1-5-4- Ct-1		<u> </u>		FL   *		
office or registered agei	nt, or both, io the State off	Florida, Such change was:	authorized b	y the corpo	corporation submits this statement for oration's board of directors. I hereby	r the purpose of cha accept the appointr	nging its regist nent as registe	red
_	, and accept the obligation	ns of, Section 607.0505, F	lorida Statuto	S.				
SIGNATURE Signature, typed or	proted name of required agent as	id blie il nipplicable (NO	T£ Registered Ag	ent signature r	equired when reinstating)	DATE	<del></del>	<u> </u>
12.	OFFICERS AND D	IRI CTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND DIF	ECTORS IN 12	2
TITLE VSD		☐ DELETE	1 1 TITLE				Change 🔲 Ac	ddition
NAME PURRE, T			1.2 NAME					
STREET ADDRESS 14344 NC			1 3 STREE	ADDRESS				
CITY-ST-ZIP LOXAHAT	CHEE FL	DELETE	14 CHY-	ST-ZIP	85	107	Ohanna	d #14!
TITLE PD		T DEFERE	21 TITLE	1	to Are Ave T	. /		ddition
NAME KASAKS, STREET ADDRESS 14644			2.2 NAME	ADDRESS	KASAKS AND	02 # 12	03	
STREET ADDRESS CITY-S1-ZIP			2 4 CITY-		SOO SCEAN	E1 - 37	408	
TITLE	OTHER TO SERVICE	DELETE	3 1 TITLE	51-211	Jan John		Change A	ddition
NAME			3 2 NAME			_		
STREET ADDRESS			3 3 STREE	ADDRESS				}
CITY-ST-ZIP			3.4. CłTY -	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change 🔲 Ac	ddition
NAME			4. 2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		DILETE	4.4 CITY - 3	ST-ZIP		<u></u>	Oberta DA	al alterna
TITLE		☐ DELETE	5.1 TITLE			السا	Change L. Ac	ddition
NAME CIDEET ADDRESS			5 2 NAME	ADDOCCO				
STREET ADDRESS CITY - ST - ZIP				ADDRESS				
TITLE		DELETE	5.4 CITY - S 6.1 YITLE	51 - ZIP			Change	ddition
NAME			6 2 NAME			_		
STREET ADDRESS	•		6 3 STREE	ADDRESS				
CITY-S1-ZIP	Å		6.4 CITY-					
14. Thereby cerbly that the	information supplied with t	his bling does not qualify t			in Section 119.07(3)(i), Florida Stat	utes. I further certify	that the inform:	ation

report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustace enipswered to operate this peport as required by Chapter 607, Florida Statutes; and that my name appears in

161.792.6889