

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M43557 (1)

1. Corporation Name

ROYAL MARCO DEVELOPMENTS ONE, INC.

Principal Place of Business

277 N COLLIER BLVD
MARCO ISLAND FL 34145

Mailing Address

277 N COLLIER BLVD
MARCO ISLAND FL 34145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1986

4. FEI Number

65-0050036

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3185 Horseshoe Dr. S

Suite, Apt. #, etc.

22 First Floor

City & State

23 Naples, FL

Zip

24 34104

Country

25 USA

2a. Mailing Address

26 3185 Horseshoe Dr. S

Suite, Apt. #, etc.

27 First Floor

City & State

28 Naples, FL

Zip

29 34104

Country

30 USA

9. Name and Address of Current Registered Agent

SOLOMON, A. JACK
277 N. COLLIER BLVD
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3185 Horseshoe Drive South

83 First Floor

84 City

Naples,

FL

85 Zip Code

34104

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 PDST ☐ DELETE

NAME SOLOMON, A. JACK
STREET ADDRESS 277 N COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL

TITLE V ☐ DELETE

NAME LESPERANCE, ANGELA
STREET ADDRESS 277 N COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL

TITLE D ☐ DELETE

NAME SOLOMON, ETHEL
STREET ADDRESS 5255 YONGE ST., SUITE 1111
CITY-ST-ZIP WILLOWDALE ONTARIO CA

TITLE V ☒ DELETE

NAME HARRIS, RAYMOND
STREET ADDRESS 277 N COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL

TITLE V ☐ DELETE

NAME SHEIKH, SHEERIN
STREET ADDRESS 5255 YONGE STREET, SUITE 1100
CITY-ST-ZIP WILLOWDALE ONT.CAN. M2N 6P4

TITLE D ☐ DELETE

NAME SOLOMON, CARY
STREET ADDRESS 5255 YONGE ST., SUITE 1111
CITY-ST-ZIP WILLOWDALE, ONTARIO, CANADA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3185 Horseshoe Drive South
1.4 CITY-ST-ZIP Naples, FL 34104

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3185 Horseshoe Drive South
2.4 CITY-ST-ZIP Naples, FL 34104

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 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

[Handwritten Signature]

2-12-98 (911) 449-10310

CR2E034 (10/97)