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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M85968

1. Corporation Name

ROYAL BLUEPRINT, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90012 034 ***150.00



						<u> </u>			131) B)B)) (831
Principal Place of Business Mailing Address								- -	•
738 EAST VENICE AVE 'A' 738 EAST VENICE AVE 'A'									
VENICE FL 342	92		VENICE FL 34292			DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed	10 01 A01		
						06/13/1988			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
21		26				65-0052761	<u> </u>	Not	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.	.75 A	dditional
22	,	27				5. Certifcate of Status Desired	F	ee Red	quired
City & State	9	_City & State_				6: Election Campaign Financing	s:	5:007	May Be
23			28			Trust Fund Contribution		dded to	*
Zip	Country	Zip				8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.	Ye		□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	d Agent		
			- [B1	Name		•		
CUNNINGHAM, ROBERT 738 EAST VENICE AVE. — A				82	Street Addres	eet Address (P.O. Box Number is Not Acceptable)			
738 VENI		L	83						
							-1051	Zip C	`odo
			1	84	City		L 85	•	1
11. Pursuant office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	es, the about horized l rida Statut	ove- by thes.	-named corpor he corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	of changi pointment	ng its i as reg	registered
SIGNATURE	•								
GIGITATORE	Signature, typed or printed name of registered agen		: Registered A	gent :	signature required v				
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	PT	☐ DELETE	1.1 TML	Ę			☐ Ch	ange	Addition
NAME	CUNNINGHAM, ROBERT W.		1.2 NAM	Æ	ļ				
STREET ADDRESS	316 PEMBROKE LA. N.		1.3 STR	EET A	ADDRESS	•			
CITY-ST-ZIP	VENICE FL		1.4 C/TY	/-ST-	ZIP				
TITLE	VS	☐ DELETE	2.1 TITL	E			☐ Ch	lange	☐ Addition
NAME	Flury, verlene		2.2 NAM	ŧΕ	ł				
STREET ADDRESS	316 PEMBROKE LA. N.		2.3 STR	EET A	ADDRESS				l
CITY-ST-ZIP	VENICE FL 2.4			Y-ST-	-ZIP				
TITLE	DELETE 3.1		3.1 TITL	Ë			Ch	iange	Addition
NAME			3.2 NAN	Æ	Ì				· ·
STREET ADDRESS			3.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			3.4. C/T	Y-ST-	-2iP				
TITLE		☐ DELETE	4.1 TITL	E		,	□ Ch	nange	☐ Addition
NAME			4. 2 NAJ	ME					}
STREET ADDRESS			4.3 STR	EETA	ADORESS				
CITY-ST-ZIP			4.4 CIT	/-ST-	ZIP				
TITLE		☐ DELETE	5.1 TFFL	E			Ch	iange	☐ Addition
NAME			5.2 NAM	ŧΕ	1				
STREET ADDRESS			5.3 STR	EET A	ADDRESS				}
CITY-ST-ZIP			5.4 CITY	/- ST-	ZIP		·		
TITLE		☐ DELETE	6.1 TITL	E			☐ Ch	iange	Addition
NAME			6.2 NAM	Æ					
STREET ADDRESS			6.3 STR	EETA	ADDRESS				
CITY ST 7/D			64 CITY		1				

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OF DIRECTOR

1-4-99 941-4511-5880

CR2E034 (11/9