


FILED
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Secretary of State

07-19-1999 90004 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000007078					
1. Corporation Name ROYALE PIRATE SOCIETY, INC.					
Principal Place of Business 2642 NORTHWEST 33RD STREET SUITE 1908 FT LAUDERDALE FL 33309			Mailing Address 2642 NORTHWEST 33RD STREET SUITE 1908 FT LAUDERDALE FL 33309		

2. Principal Place of Business 21 1215 NE 18TH AVE Suite, Apt. #, etc. 22 FRONT City & State 23 FT. LAUDERDALE FL Zip 24 33304		2a. Mailing Address 26 1215 NE 18TH AVE Suite, Apt. #, etc. 27 FRONT City & State 28 FT. LAUDERDALE, FL Zip 29 33304		3. Date Incorporated or Qualified 01/02/1998 4. FEI Number 65-0802029 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 DEBRA L. PREVOT SAME ADDRESS AS ABOVE		10. Name and Address of New Registered Agent 81 Name DEBRA L. PREVOT 82 Street Address (P.O. Box Number is Not Acceptable) 1215 NE 18TH AVE FRONT 83 84 City FT. LAUDERDALE FL	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Debra L. Prevot* **DEBRA L. PREVOT** **7/27/99**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREVOT, DEBRA L	1.2 NAME	DARREN PETRUSCHKE
STREET ADDRESS	2642 NORTHWEST 33RD STREET	1.3 STREET ADDRESS	6440 TOWN HARBOR BLVD #2413
CITY-ST-ZIP	FT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, ROBERT	2.2 NAME	RANDALL JOSLYN
STREET ADDRESS	2642 NORTHWEST 33RD STREET	2.3 STREET ADDRESS	7780 NW 25TH ST
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	Margate FL 33063
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUMM, MICHELE	3.2 NAME	REGINA MORGAN
STREET ADDRESS	2642 NORTHWEST 33RD STREET	3.3 STREET ADDRESS	1215 NE 18TH AVE, FRONT
CITY-ST-ZIP	FT LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33304
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JOSEPH CHANDLER
STREET ADDRESS		4.3 STREET ADDRESS	2123 OAKLAND SHORES DR #D208
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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:

Debra L. Prevot **DEBRA L. PREVOT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

954-522-9559

Daytime Phone

CR2E037 (11/98)