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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** May 04, 1999 8:00 am Secretary of State 05-04-1999 90005 004 ***150.00

DOCUMENT # P21069

ROYAL HOME PROTECTION PLAN, INC.

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Principal Place of Business		Mailing Addre	Mailing Address				1 (30((00) 310 11	181 TIEN 80N9 \$1	18 1811 B1841 B	1811 S1811 S18 11 1	
123 N. WACKER DR		TAX DEPARTME	TAX DEPARTMENT			1					
CHICAGO IL 60606		P.O. BOX 8264				ł					
US			CHICAGO IL 60680			L	DO NOT WRITE IN THIS SPACE				
		US					 Date Incorporate 09/27/1988 	d or Qualifed			
2. Principal P	Place of Business	2a. Mailing Ad	Idress				4. FEI Number			I A	pplied For
21		26					48-1058076			N ₁	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt.	#, etc.	.,,		<u> </u>		D		\$8.75	Additional
22		27				-	5. Certifcate of Stat	us Desired		Fee R	equired
City & Stat	te	City & Star	te				6. Election Campaig	n Financing		\$5.00	May Be
23		28		_			Trust Fund Contr	ibution		Added	to Fees
Zip	Country	Zip		Country			8. This corporation	owes the curr	ent year Int	angible	
24	25	29	3	10			Personal Propert			Yes	□No
	9. Name and Address of Curre	ent Registered Agen	ıt				10. Name and Addr	ess of New F	Registered	Agent	
^+	DODDODATION OVOTEN			81	Name						
	CORPORATION SYSTEM			82	Street	Address	(P.O. Box Number i	s Not Accenta	able)	- -	
	S. PINE ISLAND ROAD			[]							
PLAT	ntation fl 33324			83							
				84	City				 -	BE Zin	Code
				04	City				FL	85 Zip	Code
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such cha	ange was aut	horized by	the corp	corpora oration's	tion submits this state board of directors. I	ement for the hereby accep	purpose of ot the appoi	changing its ntment as re	registered egistered
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SIGNATURE						required wh	en reinstating)		DATE		
_	Signature, typed or printed name of registered ago	ent and title if applicable.		tegistered Agen		required wh	en reinstating) ADDITIONS/CHAN	IGES TO OF		ID DIRECTO	ORS IN 12
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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:

SIGNATIA

3/270/3640