

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

APPROVED
AND
FILED

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32266**

(9)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

ROYAL DANTE CORP.

Principal Place of Business

**%WEISSBARTH ALTMAN & MICHAELSON
156 WEST 56TH STREET
NEW YORK NY 10019**

Mailing Address

**%WEISSBARTH ALTMAN & MICHAELSON
156 WEST 56TH STREET
NEW YORK NY 10019**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 %O BLOOM HOCHBERG & CO., P.C.	26 %O BLOOM HOCHBERG & CO., P.C.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 450 SEVENTH AVENUE	27 450 SEVENTH AVENUE
City & State	City & State
23 NEW YORK, NY	28 NEW YORK, NY
Zip	Zip
24 10123	29 10123
Country	Country
25	30

3. Date Incorporated or Qualified

12/24/1990

4. FEI Number

13-3353979

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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MICHAELSON, ROBERT T.	
STREET ADDRESS	156 WEST 56TH STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAKER, EDWIN H.	
STREET ADDRESS	250 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GANG, MARTIN	
STREET ADDRESS	156 WEST 56TH STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSS, CORA D	
STREET ADDRESS	250 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAKER, EDWIN H.	
2.3 STREET ADDRESS	250 PARK AVE.	
2.4 CITY-ST-ZIP	NEW YORK, NY	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2024 (10/97)

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BLOOM HOCHBERG & CO., P. C.

CERTIFIED PUBLIC ACCOUNTANTS

450 SEVENTH AVENUE
NEW YORK, N.Y. 10123

TELEPHONE
(212) 244-2112
FAX
(212) 629-5058

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, Florida 32314

July 13, 1998

Re: Royal Dante Corp.
Ref. Number: P32266

Dear Sir or Madam:

We previously wrote to you explaining the late filing of the Annual Report and requested that the taxpayer not be penalized for the late filing. You rejected our request and sent back the reports for additional payment. I want to clarify and further explain the reason for the late filing and request an abatement of the late filing fee.

The address on the Annual Report is that of the taxpayer's former accountants. In November, 1997, the taxpayer decided to change accounting firms and engaged our firm as their new accountants. Unfortunately, the transition was not smooth as the former accountants were not cooperative in remitting information and documents to us. When we began preparing the corporate tax returns for the taxpayer in June, 1998, we inquired about the filing of the Annual Reports which apparently were being held by the former accountants. We finally received the Reports and immediately completed them and filed them with the appropriate fee. Since we, as the representative of the taxpayer, did not receive this form in a timely manner, it would be unfair to the taxpayer to penalize them for circumstances beyond their control. The taxpayer has always complied with their filing requirements, and it would cause a hardship to penalize them especially considering these special circumstances. Therefore, we respectfully request that you abate the late filing fee.

Thank you for your cooperation.

Very truly yours,
Bloom Hochberg & Co., P.C.

Michael Miller, CPA