

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P37211 (0)

1. Corporation Name

ROYAL ASSOCIATES, INC.



Principal Place of Business

**N.E.P. BUILDING, 1ST FLOOR
BROOKHILL SQUARE
CONYNGHAM PA 18219**

Mailing Address

**N.E.P. BUILDING, 1ST FLOOR
BROOKHILL SQUARE
CONYNGHAM PA 18219**

3. Date Incorporated or Qualified
01/24/1992

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

23-2574500

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIRSH, LOUIS
4401 COCOPLUM WAY
DELRAY BEACH FL 33445**

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 **PST** ☐ DELETE
NAME **HIRSH, LOUIS**
STREET ADDRESS **4401 COCOPLUM WAY**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **CD** ☐ DELETE
NAME **HIRSH, LOUIS**
STREET ADDRESS **4401 COCOPLUM WAY**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☐ DELETE
NAME **KAPLAN, ARTHUR H., ESQ.**
STREET ADDRESS **BROAD ST. AT WALNUT, 6TH**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **D** ☐ DELETE
NAME **SMITH, MELVIN**
STREET ADDRESS **1601 MARKET STREET**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **D** ☐ DELETE
NAME **CLAPPS, ALBERT**
STREET ADDRESS **520 W. 4TH STREET, #1A**
CITY-ST-ZIP **WILLIAMSPORT PA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **LOUIS HIRSH** 2/1/96 717-788-4116

CR2E034 (12/95)