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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

FILED

Feb 04 1998 8:00am

Secretary of State

ROYAL	ASSOCIATES, INC.					
Principal Place of Business Mailing Address N.E.P. BUILDING, 1ST FLOOR BROOKHILL SOUARE CONYNGHAM PA 18219 Mailing Address N.E.P. BUILDING, 1ST FLOOR BROOKHILL SOUARE CONYNGHAM PA 18219		OOR		DO NOT WRITE IN		
					3. Date Incorporated or Qualified 01/24/1992	
2, Principal P	lace of Business	2a, Mailing Address			4, FEI Number	Applied For
21		26			23-2574500	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional Fee Regulred
City & Stat	6	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid	~ ~ ~ ~
24	25 9. Name and Address of Curren	29	30		Personal Property Tax due June 30 10. Name and Address of New Regis	
£.110		r Hegisteren Agent	81	Name	10. Name and Address of New Regis	stered Agent
HIRSH, LOUIS 4401 COCOPLUM WAY		82		ress (P.O. Box Number is Not Acceptable))	
DE	LRAY BEACH FL \$3445		83			
			84	,		FL 85 Zip Code
· -	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida: Such change was a tions of, Section 607.05 05 , Flo	es, the above authorized by orida Statute	e-named cor the corpora s.	poration submits this statement for the pur fron's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	it and trie if applicable (NO1)	E Registered Age	ent signature roqu	ired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	PST	DELETE	1,1 TITLE			Change Addition
NAME	HIRSH, LOUIS		1.2 NAME			
STREET ADDRESS	4401 COCOPLUM WAY		1.3 STREET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	Doriete	14 CITY - S	T-ZiP		
TITLE	CD MOOIL LOUIS	☐ DELETE	21 THUE			☐ Change ☐ Addition
NAME	HIRSH, LOUIS 4401 COCOPLUM WAY		2.2 NAME			ļ
STREET AODRESS	DELRAY BEACH FL		2.3 STREET			
CITY-ST-Z I P TITLE	D	DELETE	2. 4 CITY - 3.1 TITLE	21.516		Change Addition
NAME	KAPLAN, ARTHUR H., ESQ.	had been	3.2 NAME			
STREET ADDRESS	BROAD ST. AT WALNUT,6TH		3.3 STREET	ADDRESS		i
CITY-ST-ZIP	PHILADELPHIA PA		3.4. CITY-			
TITLE	0	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	SMITH, MELVIN		4. 2 NAME			
STREET ADDRESS	1601 MARKET STREET		4.3 STREET	ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY - S	T-ZIP		<u>.</u>
TITLE	0	☐ DELETE	5 1 TITLE			Change Addition
NAME	CLAPPS, ALBERT		5 2 NAME			
STREET ADDRESS	520 W. 4TH STREET, #1A		5 3 STREET	ADDRESS	•	
CITY-ST-ZIP	WILLIAMSPORT PA		5.4 CITY - S	T- ZIP	<u></u>	
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

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 seceiver 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 an ad attachment with an address.

121100