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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90036 037 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000009250

1. Corporation Name
REGAL DUTY FREE, INC.



Principal Place of Business
**4800 SOUTHWEST 51ST STREET
BLDG. 106
DAVIE FL 33314**

Mailing Address
**4800 SOUTHWEST 51ST STREET
BLDG. 106
DAVIE FL 33314**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/08/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0389788	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHWARTZ, SAMUEL
4800 SOUTHWEST 51ST STREET
BLDG. 106
DAVIE FL 33314**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, SAMUEL	1.2 NAME	ANDRE MAMAN
STREET ADDRESS	4800 S.W. 51ST STREET BLDG. 106	1.3 STREET ADDRESS	4800 S.W. 51st STREET, BLDG. 106
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, CLAIRE	2.2 NAME	SCHWARTZ, CLAIRE
STREET ADDRESS	4800 S.W. 51ST STREET BLDG. 106	2.3 STREET ADDRESS	4800 S.W. 51st STREET, BLDG. 106
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, JOSEPH	3.2 NAME	FRANCO, JOSEPH
STREET ADDRESS	4800 S.W. 51ST STREET BLDG. 106	3.3 STREET ADDRESS	4800 S.W. 51st STREET, BLDG. 106
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 *Claire Schwartz* **CLAIRE SCHWARTZ, PRESIDENT 02/18/99 (954) 792-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)