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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000016607 (2)

1. Corporation Name
ROYDEANE, INC.



Principal Place of Business

Mailing Address

4332 N. DIXIE HWY
LAKE WORTH FL 33460

4001 DEL HARBOUR DR.
DELRAY BEACH FL 33483-6509

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1993

4. FEI Number

65-0391230

Applied For
Not Applicable

2. Principal Place of Business

21 90 IAG

2a. Mailing Address

26 90 IAG

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 138 N. SWINTON AVE

27 138 N. SWINTON AVE

City & State

City & State

23 DELRAY BEACH

28 DELRAY BEACH, FL

Zip

25 PALM BEACH

29 33444

30 PALM BEACH

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

SIMMS, R.J.
C/O IAG
1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

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

138 N. SWINTON AVE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33444

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

RS Simms

RS SIMMS

4/30/98

12. OFFICERS AND DIRECTORS

TITLE PST
NAME SMITH, REBECCA
STREET ADDRESS 4001 DEL HARBOUR DR.
CITY-ST-ZIP DELRAY BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1010 NE 8th AVE # 21D
1.4 CITY-ST-ZIP 33483

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

CR2E034 (10/97)