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

Profit Corporation Annual Report

1998

Ĭ



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000053019 (4)

ROYCE AND KESSLER, INC.

## FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1629 N. HALIFAX DR. 1629 N. HALIFAX DR. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 3. Date Incorporated or Qualified 07/26/1993 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 59-3198727 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ΠNο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KESSLER, RAYMOND 1629 N. HALIFAX DR. 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 83 City 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition KESSLER, RAYMOND A NAME 1.2 NAME 1629 N. HALIFAX DR. STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAM6 STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. 1 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 open attachment with an address.

MATURE & BALLAN I A VIII

250 ... (64