Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90078 015 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000059525

1. Corporation Name

STREET ADDRESS

CITY-ST-ZiP

ROYAL ACCESS NETWORK, INC.

Principal Place	e of Business	Ma	iling Address					1) 6tile selet etile	11001011111111
522 NE 33 ST	•	522	NE 33 ST						
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FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334							DO NOT WRITE IN TH	S SPACE	
US		US					3. Date Incorporated or Qualifed		[
		-1-	Martin a Antono				08/25/1993 4. FEI Number		oplied For
·	lace of Business	—	Mailing Address					\ -	ot Applicable
[21]		26	Cuite Ant H ata				65-0432071		Additional
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		equired
22 City & State		27	City & State	پرښون	,		6. Election Campaign Financing		May Be
<u> </u>		28	Ony & Clair				Trust Fund Contribution	, .	to Fees
Zip	Country		Zip	Co	untry		8. This corporation owes the current year		
	25	29	ih	30	,		Personal Property Tax.	Yes	⊠ No
24	9. Name and Address of Currer		tered Agent	1301	<u> </u>		10. Name and Address of New Registere	d Agent	
	3. 114114				81 Name	9 /	M		,
MUL	NICK, IRIS					HA	POLD MIULNICK		
	NE 58 ST				82 Stree	t,Addre	ess (P.O. Box Number is Not Acceptable)	STE	\mathcal{R}
FTL	AUDERDALE FL 33308				83	<u>, C. ^ </u>	CAR NO CO ST		
	• .								
					84 City	r ,	AUNCENAL E	ور 85 Zip	Code
44 0	to the continue of Continue CO7 OFC	77 and 61	7 1509 Elorida Statu	tor the	above name	d corno	pration submits this statement for the purpose	of changing its	s registered
office or n	egistered agent, or both, in the State.	of Florid	a. Such change was a	authorize	ed by the cor	poration	n's board of directors. I hereby accept the app	ointment as re	egistered
agent. I a	m familiar with, and accept the obliga	itions of	Section 607.0505, Fi	onda Sta 7	atutes.		11	1011	00
SIGNATURE	Signature, typed or printed name of registered age	4720 L	DMULLICE		ad Asset pippoptur	o required	when reinstating) DATE	1 06 1	<u> </u>
12.	OFFICERS AN			13		- oquired	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	P		X DELETE		TITLE	P	PESIDENT	Change.	☐ Addition
NAME	MULNICK, IRIS		^		NAME	3 - 5	- - - ·	•	1
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TITLE			☐ DELETE					Change	L.J Addisolt
NAME	,				NAME	_			İ
STREET ADDRESS				6.3	STREET ADDRES	۱ د			

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.

6.4 CITY-ST-ZIP