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Jan 29, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

01-29-1999 90045 035 ****150.00

DOCUMENT # P93000080811

1. Corporation Name
ROYAL HOUSE OF STUART, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2300 BOGGY CREEK RD, KISSIMMEE FL 34744
Mailing Address: 2300 BOGGY CREEK RD, KISSIMMEE FL 34744

3. Date Incorporated or Qualified
11/17/1993

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-3208577 Applied For: Not Applicable

Suite, Apt. #, etc. (22) 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) 29 Zip (30) Country (31)

8. This corporation owes the current year Intangible Personal Property Tax: Yes No (checked)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, PHYLLIS ANN
2300 BOGGY CREEK RD
KISSIMMEE FL 34744

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

Table with 5 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. The first row is for Phyllis Ann Bennett, President.

Table with 4 columns for Additions/Changes. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for Change and Addition.

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: Phyllis Ann Bennett, President, 407-344-9385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)