

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90213 045 \*\*\*158.75

DOCUMENT # P94000017080

1. Corporation Name  
SOLUTIONS-ROYAL, INC.

Principal Place of Business Mailing Address  
2730 SW 3RD AVE SUITE 202 757 Arthur Godfrey Rd. 2730 SW 3RD AVE SUITE 202 757 Arthur Godfrey Rd.  
MIAMI FL 33129 MIAMI BEACH, FL 33140 MIAMI FL 33129 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/04/1994	
4. FEI Number 65-0492413	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
HAIMAN, BARRY G  
2730 SW 3RD AVE SUITE 202  
MIAMI FL 33129  
757 Arthur Godfrey Rd.  
Miami Beach, FL 33140

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HAIMAN, BARRY	1.1 TITLE	D GOLDBERG, LARRY
NAME	10250 COLLINS AVE, PH 1 9801 Collins Av.	1.2 NAME	301 41st Street, c/o Colonial Bank
STREET ADDRESS	BAL HARBOUR FL 33154	1.3 STREET ADDRESS	Miami Beach, FL 33140
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T AMAYA, MORRIS	2.1 TITLE	D CHISHOLM, ROBERT
NAME	14629 SW 104 ST 216	2.2 NAME	737 JERONIMO DRIVE
STREET ADDRESS	MIAMI FL 33186	2.3 STREET ADDRESS	CORAL GABLES, FL 33146
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D JONES, LUVERNE	3.1 TITLE	D ROBINSON, MARC
NAME	1 SE 3RD AVE 20TH FLOOR	3.2 NAME	10952 S.W. 161 ST.
STREET ADDRESS	MIAMI FL 33131	3.3 STREET ADDRESS	MIAMI, FL 33157
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LOPATE, SHAYNA	4.1 TITLE	D SHIVER, STEVE
NAME	C/O COLONIAL BANK, CRANDON BLVD	4.2 NAME	200 NE 2nd DR
STREET ADDRESS	KEY BISCAYNE FL 33149	4.3 STREET ADDRESS	HOMESTEAD, FL 33030
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D LITTLE, DEWAYNE L	5.1 TITLE	D BROWN, MISTY
NAME	1250 FUNSTON ST	5.2 NAME	C/O COMM. MOSS, 111 NW1st ST
STREET ADDRESS	HOLLYWOOD FL 33019	5.3 STREET ADDRESS	MIAMI, FL 33128
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D GORDON, ALAN	6.1 TITLE	
NAME	628 8TH AVE NORTH	6.2 NAME	
STREET ADDRESS	JACKSONVILLE BCH FL 32250	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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-99 305-532-5707  
Date Daytime Phone #

0183646

CR2E034 (11/98)