FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000044061 (7)**

1. Corporate Name
REGAL CREST DEVELOPMENT CORP.

Principal Place of Business
19688 OAKBROOK CIRCLE
BOCA RATON FL 33434

Mailing Address
19688 OAKBROOK CIRCLE
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0512465 — Applied For / Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

City — 24 — State — 25 — City — 29 — State — 30
8. This corporation has assets or income of $100,000 or more? Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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: [illegible] (Registered Agent signature required for name change) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	TITLE	☐ Change ☐ Addition
NAME	WALTUCH, RANDALL E	NAME	
STREET ADDRESS	19688 OAKBROOK CIRCLE	STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33434	CITY, ST, ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	WALTUCH, NORTON D	NAME	
STREET ADDRESS	19688 OAKBROOK CIRCLE	STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33434	CITY, ST, ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	WALTUCH, ANITA	NAME	
STREET ADDRESS	19688 OAKBROOK CIRCLE	STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33434	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report or contained herein and/or attached hereto is in compliance with Section 607.0502, Florida Statutes. I further certify that the information shown on the appropriate annual report or supplemental annual report filed pursuant to Section 607.0502, Florida Statutes, and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or is added to the report by attachment with an asterisk.

SIGNATURE: [signature] 4/13/95 407-483-0504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NORTON D. WALTUCH

0263112 CP