**FILED** 

Feb 24, 1999 8:00 am

**Secretary of State** 

02-24-1999 90017 001 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400054022

| ROYAL I   | PICTURES INC.   |  |                         | •                              |  |                      |                 |
|---|---|--|-------------------------|--------------------------------|--|----------------------|-----------------|
|   |   |  |                         |                                | I FRANKANI KID HANK AKAN ABAH ABAH ABAH ABAH ARA   | AN BANKA BARAK BENKE | 11918 (181 188) |
|   |   |  |                         |                                |  |                      |                 |
| Principal Place of Business Mailing Address                           |   |  |                         |                                |  |                      |                 |
| 13899 BISCAYNE BLVD 13899 BISCAYNE BLVD                               |   |  |                         |                                |  |                      |                 |
| ##: PE へそへらいく ## Pen と へっこく N MIAMI BCH FL 33181 N MIAMI BCH FL 33181 |   |  |                         |                                | DO NOT WRITE IN TH   | IS SPACE             |                 |
| US US   |   |  |                         |                                | 3. Date Incorporated or Qualifed   |                      |                 |
|   |   |  |                         |                                | 07/19/1994   |                      |                 |
| 2. Principal Place of Business 2a, Mailing Address                    |   |  |                         |                                | 4. FEI Number  | Ap                   | plied For       |
| 21  | 1 26  |  |                         |                                | 65-0511907   | No                   | t Applicable    |
| Suite, Apt. #, etc. Suite, Apt. #, etc                                |   | Suite, Apt. #, etc.  |                         |                                | - Cariforn (Chaire Basine)   | \$8.75               | Additional      |
| 22 Penthouse 27 Per   |   |  | inthouse                |                                | 5. Certificate of Status Desired   | Fee Re               | quired          |
| City & State  |   | City & State   |                         | 6. Election Campaign Financing | \$5.00   | May Be               |                 |
| 23  |   | 28   |                         |                                | Trust Fund Contribution  | Added t              | o Fees          |
| Zip   | Country   | Zip  | Country                 | ,                              | .8. This corporation owes the current year I   | ntangible            |                 |
| 24  | 25 29 30  |  | 0                       |                                | Personal Property Tax.   | Yes                  | □No             |
|   | 9. Name and Address of Curren   | t Registered Agent   |                         |                                | 10. Name and Address of New Registere  | d Agent              |                 |
| PRIN  | ICE, ROBERT W   |  | 81                      | Name                           |  |                      | Ì               |
| 13899 BISCAYNE BLVD   |   |  | 82                      | Street Addre                   | ess (P.O. Box Number is Not Acceptable)  |                      |                 |
| STE 101 Penthouse   |   |  | 83                      |                                |  |                      |                 |
| N MIAMI BCH FL 33181  |   |  |                         |                                |  | - Jan <del>- 1</del> |                 |
|   |   |  | 84                      | City                           | F  | L 85 Zip C           | ode             |
| office or r   | egistered agent, or both, in the State of<br>rn familiar with, and accept the obligat                         | of Florida. Such change was auth<br>tions of, Section 607.0505, Florid | orized by<br>a Statutes | the corporatio                 | oration submits this statement for the purpose on's board of directors. I hereby accept the app  | ointment as reg      | gistered        |
| 12.   | Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS |  | 13.                     | nt signature required          | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTO           | DS IN 12        |
| TITLE   | LVAR.   |  | 1.1 TITLE               | <del></del>                    | ADDITIONS/CHANGES TO OFFICERS A  | Change               | Addition        |
| NAME  | PRINCE, ROBERT W  | <del>-</del>   | 1.2 NAME                |                                |  |                      | _               |
| STREET ADDRESS  | 0040 1844 44 07   |  | 1.3 STREET              | ADDRESS                        |  |                      | -               |
| CITY-ST-ZIP   | CUMPICE EL COOST  |  | 1.4 CITY-S              |                                |  |                      | ļ               |
| TITLE   |   |  | 2,1 TITLE               | -                              |  | Change               | Addition        |
| NAME  | ALINOVAL DAVID  |  | 2,2 NAME                |                                |  |                      |                 |
| STREET ADDRESS  | COOA N. ACTIL OT  |  | 2.3 STREET              | ADDRESS                        |  |                      |                 |
| CITY-ST-ZIP   | HOLLYNOOD EL 20004  |  | 2, 4 CITY -S            | T-ZIP                          |  |                      |                 |
| TITLE   |   |  | 3.1 TITLE               |                                | ,  | Change               | Addition        |
| NAME  | 3.2 N   |  | 3.2 NAME                |                                |  |                      | ļ               |
| STREET ADDRESS  | 3.3   |  | 3.3 STREET              | ADDRESS                        |  |                      | {               |
| CITY-ST-ZIP   | 3.  |  | 3.4. CITY-S             | T-ZIP                          |  |                      |                 |
| TITLE   | DELETE 4.1 T  |  | 4.1 TITLE               |                                |  | Change               | ☐ Addition      |
| NAME  |   |  | 4, 2 NAME               | }                              |  |                      | j               |
| STREET ADDRESS  |   |  | 4.3 STREET              | ADDRESS                        |  |                      |                 |
| CITY-ST-ZIP   |   |  | 4.4 CITY~ST             | Γ-ZIP                          | ·  |                      |                 |
| TITLE   | ) <b></b>   |  | 5.1 TITLE               |                                |  | ☐ Change             | ☐ Addition      |
| NAME  |   |  | 5.2 NAME                | 1                              | •  |                      | . [             |
| STREET ADDRESS  |   |  | 5.3 STREET              | ADDRESS                        |  |                      |                 |
| CITY-ST-ZIP   |   |  | 5.4 CITY- ST            | r-ZIP                          |  |                      |                 |
| TITLE   |   | ☐ DELETE   | 6.1 TITLE               | (                              |  | Change               | ☐ Addition      |
| NAME  |   |  | 6.2 NAME                |                                |  |                      |                 |
| OTDERY ADDRESS  |   | ,  | E coetorer              | ADDDECC                        | The state of the s |                      | 1               |

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

SIGNATURE:

3058534440