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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000066346**

1. Corporation Name ROYAL BUILDERS, INC.

## FILED Mar 17, 1999 8:00 am **Secretary of State**

03-17-1999 90047 046 \*\*\*150.00

) (1880) 188 (1881) 1890) 1890) 1890) 1890) 1890) 1890) 1890) 1890) 1890) 1890) 1890) 1890) 1890) 1890) 1890) Mailing Address Principal Place of Business 2594 W 84 ST HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE us 3. Date Incorporated or Qualifed 09/09/1994 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0519562 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip This corporation owes the current year Intangible □No ☐ Yes 25 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAMPANO, GASTON Street Address (P.O. Box Number is Not Acceptable) 82 2594 W 84 ST HIALEAH FL 33016 83 85 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12, DELETE 1.1 TITLE TITLE GASTON, CAMPANO 1.2 NAME NAME 2594 W 84 ST 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE CAMPANO, ANTHONY 2.2 NAME NAME 11584 NW 39 ST 2.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIF ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 the corporation of the corporation or the receiver or trustee empowered.

CITY-ST-ZIF

CR2E034 (11/98)