## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Jan 23 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## P94000067391 (0) DOCUMENT #

ROYCE ASSOCIATES, INC.

Principal Place of Business Mailing Address 8949 SHOAL CREEK LANE 8949 SHOAL CREEK LANE BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0519341 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 П Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible V Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROISTACHER, SYDELLE 8949 SHOAL CREEK LANE Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 83 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) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME ROISTACHER, SYDELLE 1.2 NAME STREET ADDRESS 8949 SHOAL CREEK LANE 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-7IP 1.4 CITY - ST - ZIP TITLE ☐ DELETE 2.1 TITLE \_\_\_ Addition NAME BATE, HAROLD J 2.2 NAME STREET ADDRESS 8949 SHOAL CREEK LANE 2.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change TITLE. 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP \_\_\_ DELETE TITLE 4.1 TITLE \_\_\_ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITS F 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 carporation 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. 1-8-98 \$61-364-9473 **SIGNATURE** 

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP