## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS P94000067917 (2) **DOCUMENT #** ROYAL REAL ESTATE, INC. Principal Place of Business Mailing Address 3502 ACCESS ROAD 3502 ACCESS ROAD **IINIT 4** EAST ENGLEWOOD FL 34224 EAST ENGLEWOOD FL 34224 ate of Last Report 08/08/1995 09/12/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 65-0520451 21 26 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 Trust Fund Contribution Added to Fees Zip Country Zip. Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PETRAMALA, JOHN W 82 Street Address (P.O. Box Number is Not Acceptable) 3502 ACCESS ROAD UNIT 4 83 EAST ENGLEWOOD FL 34224 City Zip Code 85 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 THELE 1. 1 TITLE Change ☐ Addition PETRAMALA, JOHN W NAME 1.2 NAME 3502 ACCESS ROAD, UNIT 4 STREET ADDRESS 1.3 STREET ADDRESS EAST ENGLEWOOD FL 34224 CITY-SI-ZIP 1.4 CITY - ST - ZIP TRUE ☐ DELETE 2 1 TITLE ☐ Addition Change NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CHTY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CiTY - ST- ZIP TITLE DELETE 4. 1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-7iP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13.1f epanged, or on an attachment with an address.

G OFFICER OR DIRECTOR

CR2E034 (12/