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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000081202 (1)

1. Corporation Name

ROYAL ORCHID, INC.

Principal Place of Business

PHAITHOON, DITTLAPARN
FT WALTON BEACH FL 32548
US

Mailing Address

238 N EGLIN PKWY
FT WALTON BEACH FL 32548-5811

2. Principal Place of Business

ANCHANA VONGSUNORAMATE

2a. Mailing Address

Suite, Apt. #, etc.

238 N Eglin Pkwy

26. City & State

FT Walton, FL

Suite, Apt. #, etc.

27. Zip

32548

City & State

28. Country

OKLAHOMA

Zip

29. Country

OKLAHOMA

30.

3. Date Incorporated or Qualified

11/01/1994

4. FEI Number

59-3283569

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

81. Name

VONGSUNORAMATE, ANCHANA

238 N EGLIN PKWY

FT WALTON BEACH FL 32548

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VONGSUNORAMATE, ANCHANA 4747 LYNN ROAD MILTON FL 32583	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <i>710 Legend Drive Destin, FL 32540</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLER, VILAI 9277 EAST RIVER DR. NAVARRE FL 32560	<input checked="" type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Anchana Vongsunoramate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97 864-8344

Date

Daytime Phone #

CR2E034 (9/96)