
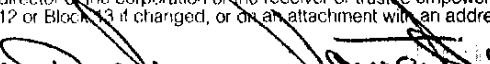


2-2191 15 2167 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000081202 (1)</b>			
1. Corporation Name <b>ROYAL ORCHID, INC.</b>			
Principal Place of Business <b>PHATHOON, DITTLAPARN FT WALTON BEACH FL 32548 US</b>		Mailing Address <b>238 N EGLIN PKWY FT WALTON BEACH FL 32548-5811</b>	
2. Principal Place of Business 21 <b>ANCHANA VONGSUNORAMATE</b> Suite, Apt. #, etc. 22 <b>238 N Eglin Pkwy</b> City & State 23 <b>FT Walton, FL</b> Zip 24 <b>32548</b>		2a. Mailing Address 26 <b>ANCHANA VONGSUNORAMATE</b> Suite, Apt. #, etc. 27 <b>238 N Eglin Pkwy</b> City & State 28 <b>FT Walton, FL</b> Zip 29 <b>32548</b> Country 30 <b>OKLAHOMA</b>	
3. Date Incorporated or Qualified <b>11/01/1994</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-3283569</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>VONGSUNORAMATE, ANCHANA 238 N EGLIN PKWY FT WALTON BEACH FL 32548</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>VONGSUNORAMATE, ANCHANA</b> <b>4747 LYNN ROAD</b> <b>MILTON FL 32583</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>710 Legend Drive</b> <b>Destin, FL 32540</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>WALLER, VIJAI</b> <b>9277 EAST RIVER DR.</b> <b>NAVARRE FL 32566</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		2-18-97 864-3344	

CR2E034 (9/96)