FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081798 (8)**

1. Corporation Name
THE ROYAL TREATMENT INCORPORATED

Principal Place of Business	Mailing Address
19363 WAXMYRTLE COURT BOCA RATON FL 33498	19363 WAXMYRTLE COURT BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 19363 Ocean Grande Ct	26 19363 Ocean Grande Ct
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Boca Raton, FL	28 City & State: Boca Raton, FL
24 Zip: 33498 25 Country	29 Zip: 33498 30 Country

4. FEI Number: 65-0539597 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability to intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: Bryan Kline 82 Street Address (P.O. Box Number is Not Acceptable): 19363 Ocean Grande Ct. 83 84 City: Boca Raton FL 85 Zip Code: 33498

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 X (Signature of new registered agent required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	KLINE, BRYAN	12 NAME	
STREET ADDRESS	19363 WAXMYRTLE COURT	13 STREET ADDRESS	19363 Ocean Grande Ct.
CITY ST ZIP	BOCA RATON FL 33498	14 CITY ST ZIP	
TITLE	DVS	21 TITLE	☒ Change ☐ Addition
NAME	KLINE, CAROL	22 NAME	
STREET ADDRESS	19363 WAXMYRTLE COURT	23 STREET ADDRESS	19363 Ocean Grande Ct.
CITY ST ZIP	BOCA RATON FL 33498	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added above or on an attachment with an address.

SIGNATURE: X Bryan Kline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95
Date

407-852-7142
Daytime Phone #

0201627 CP