

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000081798 (8)

1. Corporation Name

THE ROYAL TREATMENT INCORPORATED



Principal Place of Business

Mailing Address

19363 OCEAN GRANDE CT.
BOCA RATON FL 33498
US

19363 OCEAN GRANDE CT
BOCA RATON FL 33498
US

3. Date Incorporated or Qualified

11/02/1994

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0549597

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. This corporation has liability for 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

Bryan Kline

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/13/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME KLINE, BRYAN
STREET ADDRESS 19363 OCEAN GRANDE CT.
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE DVS ☐ DELETE

NAME KLINE, CAROL
STREET ADDRESS 19363 OCEAN GRANDE CT.
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

3.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME

CITY-ST-ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

4.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

STREET ADDRESS

5.1 TITLE

☐ Change ☐ Addition

CITY-ST-ZIP

5.2 NAME

TITLE ☐ DELETE

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

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 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:

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

4/13/96 407-852-7142
Date Daytime Phone #

CR2E034 (12/95)