

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000092175 (6)

1. Corporation Name

ROYAL TERM CORPORATION

Principal Place of Business

Mailing Address

417 BELLA VISTA WAY
SANIBEL FL 33957

417 BELLA VISTA WAY
SANIBEL FL 33957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/21/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		65-0550240	
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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	VD	1.1 TITLE	PRESIDENT / Director
NAME	POWERS, GREGORY P	1.2 NAME	Powers, Paul J.
STREET ADDRESS	1298 CORDOVA BLVD.	1.3 STREET ADDRESS	417 Bella Vista Way
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Sanibel Island, FL 33957
TITLE	VD	2.1 TITLE	VICE PRESIDENT / Director
NAME	BAYER, BRIANA POWERS	2.2 NAME	Powers, Barbara A.
STREET ADDRESS	2880 BRADLEY ACRES COURT	2.3 STREET ADDRESS	417 Bella Vista Way
CITY-ST-ZIP	HENDON VA	2.4 CITY-ST-ZIP	Sanibel Island, FL 33957
TITLE	VD	3.1 TITLE	
NAME	POWERS, JEFFREY J	3.2 NAME	
STREET ADDRESS	1298 CORDOVA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

[Signature]

2/11/98

330-740-8554

CR2E034 (10/97)