

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000006892 (0)

1. Corporation Name

ROYAL PROPERTY MANAGEMENT INC.



Principal Place of Business

Mailing Address

8584 SHADOW CT.
CORAL SPRINGS FL 33071

8584 SHADOW CT.
CORAL SPRINGS FL 33071

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 State, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

LAPORTA, FRANK
8584 SHADOW CT.
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

3a. Date of Last Report

01/23/1995

4. FEI Number

Applied For
Not Applicable

65-0566991

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. 193.032,
Florida Statutes

10. Name and Address of New Registered Agent

81 Name

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 607.1503, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0501, Florida Statutes.

SIGNATURE

Frank LaPorta

FRANK LAPORTA 2-2-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PRES.	FRANK LAPORTA	8584 SHADOW CT	CORAL SPRINGS FL 33071	<input type="checkbox"/>
VICE PRES.	JOHN DOVADIO	5100 DUPONT BLVD SE	FT. LAUDERDALE FL 33308	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition

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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, sika, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 registrar or trustee or 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 in an attachment, in an address.

SIGNATURE:

Frank LaPorta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK LAPORTA 2-2-96

491-7002

CR2E034 (12/95)