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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000006892 (0)

ROYAL PROPERTY MANAGEMENT INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									HORRE HEAL LEAD
8584 SHADOW CT. CORAL SPRINGS FL 33071 8584 SHADOW CT. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071			071			DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 01/23/1995 			
2. Principal Place of Business	a. Mailing Address	Mailing Address			4. FEI Number		TAr	oplied For	
21		26				65-0566991			ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	;		Additional	
22 City & State	27	City & State						Fee Re	
City & State	20	28			ľ	Election Campaign Financing Trust Fund Contribution		\$5.00	
Zip Country		Zip Countr		ν				Added t	
24 25	29]	30		ļ	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New R	egistered Ago	ent	
LAPORTA, FRANK				l Nam	10				
8584 SHADOW CT.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS FL 33071			8:	.					
			84	City			FL	35 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 recoffice 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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								s registered	
agent. I am familiar with, a	or both, in the Stale of Fiol and accept the obligations		utnorized t rida Statute	y ine c S	orporation -	n's board of directors. Thereby acce	pt the appoint	tment as	registered
SIGNATURE FRANK Signature, typed or printed name of recistered agrin and title if appreciable (NOTI: Rec					ĪA	Men reinstating)	1/6/	98	
12.	OFFICERS AND DIRE		13.	jorit signa	ure required	ADDITIONS/CHANGES TO OFFI	CERS AND DE	RECTOR	S IN 12
TITLE P		DELETE	1.1 TITLE					Change	Addition
NAME LAPORTA,			1.2 NAME						
STREET ADDRESS 8584 SHADOW CT			1.3 STREE	t addres	s				
CITY-ST-ZIP CORAL SPRINGS FL 33071			1.4 CITY-	ST-ZIP					
TITLE VP	(A) (b)	☐ DELETE	2.1 TITLE				Ц	Change	Addition
NAME DOUIDIO, JOHN			2.2 NAME						
STREET ADDRESS 5100 DUPONT BLVD 8F CITY-ST-ZIP FT LAUDERDALE FL 33308			2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		3				
CITY-ST-ZIP FI LAUDE	FIDALE I E 35300	DELETE	3.1 TITLE	21-7IP	+			Change	Addition
NAME			3.2 NAME		1			chango	
STREET ADDRESS			3.3 STREE	T ADDRES	s				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRES	š į	•			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CITY-	ST-ZIP				Chause	T A delition
NAME		□ beerig	5.1 TITLE 5.2 NAME					Change	☐ Addition
STREET ADDRESS			5.3 STREE	T ANNAFS!	e				
CITY-ST-ZIP			5.4 CITY-1						
TITLE		DELETE	6.1 TITLE		1			Change	Addition
NAME			6.2 NAME					-	
STREET ADDRESS			6.3 STREE	I ADDRESS	;				
CITY-ST-ZIP			6.4 CITY-	ST- <i>2</i> (P					

nereby 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: