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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000039975 1. Corporation Name

ROYAL WEST, INC.

Principal Place of Business 50 N.E. 25TH ST. MIAMI FL 33137

Mailing Address

50 N.E. 25TH ST. MIAMI FL 33137

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90026 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed 05/18/1995	
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
	ace of Business	26. Wilding Address	<del>}</del>			65-0593591 Not Applicable	
21 Suite Ant	# etc	Suite, Apt. #, etc.				\$8.75 Additional	
22 27			· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	
City & State City & State						6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coul	ntry		8. This corporation owes the current year Intangible	
24 25 29			30			Personal Property Tax. Yes No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent	
INCIDA AARONIA D				81 Name			
WEISS, SABRINA D				82 Street Address (P.O. Box Number is Not Acceptable)			
2601 S BAYSHORE DR				oz Gilott Address (1.10, Box Hamsel is Net Years)			
#1600				83			
FT. LAUDERDALE FL 33133				_		85 Zip Code	
				84	City	FL 85 Zip Code	
office or re agent. I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obli	te of Florida. Such change was	s autnonzed	Dy I	tne corpoi	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered a	ment and title if applicable (NC	OTE: Registered	Agen	t signature re	equired when reinstating) DATE	
12.		AND DIRECTORS	13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	01110211071110 0111201071		1,1 TIT	lE.		Change Addition	
	ROBINSON, GARY D		1.2 NA				
NAME	50 N.E. 25TH ST.				ADDRESS		
STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33137 14 CI			-ZP	☐ Change ☐ Addition		
TITLE		Detele	j				
NAME			2.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				2. 4 CITY-ST-ZIP		□ Change □ Addition	
TITLE	☐ DELETE 3.1 TI		LE		Change Addition		
NAME			3.2 NA	ME	1		
STREET ADDRESS			3.3 ST	REET	ADDRESS		
CITY-ST-ZIP			3.4. CI	TY-S	T-ZIP		
TITLE		☐ DELETE	4.1 TIT	LE		Change Addition	
NAME			4.2 N	AME	1		
STREET ADDRESS			4.3 ST	REET	ADDRESS		
CITY-ST-ZIP			4.4 CF	Y-ST	-ZIP		
TITLE		☐ DELETE	5.1 TI	TLE		☐ Change ☐ Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET	ADDRESS		
CITY-ST-ZIP			5 4 Cr	TY-\$1	r-ZIP		
TITLE		☐ DELETE	6.1 TI	ΠE		☐ Change ☐ Addition	
NAME			6 2 NA	ME			
			6.3 ST	REET	ADDRESS		
STREET ADDRESS			6.4 CF		1		
CITY-ST-ZIP						d 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 appreciate of the corporation of 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 appreciate of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the r

SIGNATURE: