SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000080663 (4)**

1. Corporation Name
ROYAL FLORIDIAN CONVENTION SERVICES, INC.

Principal Place of Business	Mailing Address
783 SUNSET VISTA DRIVE FORT MYERS FL 33919	783 SUNSET VISTA DRIVE FORT MYERS FL 33919

3. Date Incorporated or Qualified: **10/16/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26: **P.O. Box 07432**
Suite, Apt. # etc — 27:
City & State — 28: **Fort Myers, FL**
Zip — 29: **33919** Country — 30:

4. FEI Number: **65-0627913** ☐ 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 **XX** Yes ☐ No

9. Name and Address of Current Registered Agent

POND-HILL, LISA
783 SUNSET VISTA DRIVE
FORT MYERS FL 33919

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 607.1508, 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: Lisa Pond Hill — 7/27/96
Signature of new registered agent (if changing registered agent) Date (if applicable) (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	POND-HILL, LISA		12 NAME	
STREET ADDRESS	783 SUNSET VISTA DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HILL, LISA		22 NAME	
STREET ADDRESS	783 SUNSET VISTA DRIVE		23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HILL, KEITH J		32 NAME	
STREET ADDRESS	783 SUNSET VISTA DRIVE		33 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lisa Pond Hill — 7/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)