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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000082938**1. Corporation Name

ROYAL HOSPITALITY SERVICES, INC.

| Principal Plac | e of Business | Mailing Address | | | | | | | | | |
|---------------------------------------|--|----------------------------------|--------------|--------|-----------|-------------|------------------|--------------------|--|------------|---------------------|
| 802 N.W. FIRST ST 802 N.W. 1ST STREET | | | | | | | | | | | |
| SOUTH BAY FL 33493 SOUTH BAY FL 33493 | | | | | | | | | NITE IN THE | CD4C5 | |
| US | | | | | | | A. Data lassa | | RITE IN THIS | SPACE | |
| | | | | | | | 10/26/1 | | d | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | | 4. FEI Number | | | | pplied For |
| 21 | <u></u> | 26 | | | | | 65-0617 | 079 | | <u> </u> | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | 5 Certificate | of Status Desired | 1 | | Additional |
| 22 | | 27 | | | | | | | | | equired |
| _ City & Stat | e | City & State | | | | | | ampalgn Financin | , | • | May Be |
| 23 | | 28 | | | | | Trust Fund | Contribution | | Added | to Fees |
| Zip | Country | Zip | | untry | | 1 | • | ration owes the cu | irrent year Inta | | ш. |
| 24 | 25 | 29 | 30 | | | | | roperty Tax. | * * * * * * * * * * * * * * * * * * * | Ves . | □No |
| | 9. Name and Address of Currer | nt Registered Agent | | 81 | l Name | | 10. Name and | Address of New | Registered A | Agent | |
| ROYAL, STEVEN B | | | | | Name | | | , | | • | |
| | N.W. FIRST ST | | | 82 | Street | Address | (P.O. Box Nu | mber is Not Accep | otable) | | |
| | | | | L | | | | | | | |
| 500 | JTH BAY FL 33493 | | | 83 | İ | | | | , | | |
| | | | | 84 | City | | | | | 85 Zip | Code |
| | | | | " | City | | | | FL | . 55 | |
| SIGNATURE | familiar with, and accept the obligation familiar with, and accept the obligation familiar with fami | nt and title if applicable (NOTI | E: Registere | d Ager | | required wt | nen reinstating) | NOUNDES TO C | DATE | ID DIRECT | ODS IN 12 |
| 12. | OFFICERS AN | ID DIRECTORS | 13 | | | | | S/CHANGES TO C | PFICERS AN | Change | Addition |
| TITLE | | □ DELETE | 1 | TITLE. | | D/V | P | · | • | E3 onongo | |
| NAME | ROYAL, A. SCOTT | | | NAME | | | | | | | |
| STREET ADDRESS | | | | | TADDRESS | | | | | | |
| CITY-ST-ZIP | SOUTH BAY FL | | _ | CITY-S | T-ZIP | D /** | | | | Change | Addition |
| TITLE | D DEDWG | | | ITLE | | D/V | Р | • | | Citalige | Modition, |
| NAME | ROYAL, DERIK C | | | NAME | | | • | • | | | ĺ |
| STREET ADDRESS | 802 N.W. FIRST STREET | | 2.3 | STREE | ADDRESS | 1 | | • | | | |
| CITY-ST-ZIP | SOUTH BAY FL | | | CITY-S | T-ZIP | 1 | | | | E Charac | - Addition |
| TITLE | D | DELETE | 3.1 | TITLE | | . D/P | حر | الماسسان فتأخيب | | _ 🔀 Change | - Addition |
| NAME | ROYAL, STEVEN B | | 3.2 | VAME | | | ' | | | | |
| STREET ADDRESS | | | 3.3 | STREE | TADDRESS | ; | . : | | | | |
| CITY-ST-ZIP | SOUTH BAY FL | | 3.4. | CITY-5 | T-ZIP | | | <u> </u> | | | 47.7 A 1.000 |
| TITLE | 0 | ■ DELETE | 4.1 | TITLE | | D/T | /s | | | Change | Addition |
| NAME | PHILLIPS, GARY N | | 4. 2 | NAME | | Tee | ts, Jame | es C. | | | - |
| STREET ADDRESS | | | 4.3 | STREE | T ADDRESS | 802 | NW_lst | Street | | | |
| CITY-ST-ZIP | SOUTH BAY FL | | 4.4 | CITY-S | T-ZIP | Sou | th Bay, | F1. 33493 | <u> </u> | | |
| TITLE | | ☐ DELETE | | TITLE | | 1 | | | | ☐ Change | Addition |
| NAME | | | 5.2 | NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 | STREE | TADORESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 | CITY-S | t-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 | TITLE | | 1 | | | | Change | ☐ Addition |
| NAME | | | 6.2 | VAME | | | | • | | | |
| CTOCCT ADDRESS | | | 6.3 | STREE | T ADDRESS | : | | | | | , ' |

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: