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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 20 1998 8:00am

Secretary of State

4/10/98

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

CIGNATURE:

P95000092221 (7)

Mailing Address

ROYAL PALM ENTERPRISES OF SOUTHWEST FLORIDA, INC

81 MANGO STREET PO BOX 2317 FT MYERS BCH FL 33932-2317 FORT MYERS BEACH FL 33931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 65-0628458 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be Flection Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PAOLERCIO, ANTHONY 81 MANGO ST Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33931 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE PC TITLE PAOLERCIO, ANTHONY 1.2 NAME NAME 81 MANGO ST 1.3 STREET ADDRESS STREET ADDRESS FT MYERS BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE PAOLERCIO, HELEN 2.2 NAME NAME 81 MANGO ST 2.3 STREET ADDRESS STREET ADDRESS FT MYERS BCH FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition Chance DELETE 6 1 TITLE TRILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby 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.