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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000092371 (0)

1. Corporation Name
T & R ROYAL FLORIDA TOURISTIC & RESIDENCE MANAGE
MENT, INC.



Principal Place of Business
1251 TAYLOR LANE EXT
SUITE 6E
LEHIGH ACRES FL 33936
US

Mailing Address
P. O. BOX 1555
LEHIGH ACRES FL 33970-1555
US

3. Date Incorporated or Qualified
12/05/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 909 ROOSEVELT AVE.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc

22 City & State

27 City & State

23 LEHIGH ACRES, FL

28

Zip

Country

Zip

Country

24 33972

25

USA

29

30

4. FEI Number
65-0629935

Applied For
Not Applicable

6. 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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REISINGER, MONIKA
909 ROOSEVELT AVENUE
LEHIGH ACRES FL 33936

81 Name

REISINGER, MONIKA

82 Street Address (P.O. Box Number is Not Acceptable)

909 ROOSEVELT AVE.

83

84 City

LEHIGH ACRES

FL

85

Zip Code

33972

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

Reisinger Monika

REISINGER MONIKA / T 04/08/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME REUSUBGERM ANDREAS
STREET ADDRESS 909 ROOSEVELT AVENUE
CITY- ST- ZIP LEHIGH ACRES FL

1.1 TITLE D/P/S ☒ Change ☐ Addition
1.2 NAME REISINGER, ANDREAS
1.3 STREET ADDRESS 909 ROOSEVELT AVE.
1.4 CITY- ST- ZIP LEHIGH ACRES, FL - 33972

TITLE V ☐ DELETE
NAME REISINGER, WOLFGANG
STREET ADDRESS 909 ROOSEVELT AVENUE
CITY- ST- ZIP LEHIGH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME REISINGER, MONIKA
3.3 STREET ADDRESS 909 ROOSEVELT AVE.
3.4 CITY- ST- ZIP LEHIGH ACRES, FL - 33972

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE 0000021445 ☐ Change ☐ Addition
6.2 NAME -04/16/97--01006--008
6.3 STREET ADDRESS ***165.00
6.4 CITY- ST- ZIP

14. I do 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 recorder 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: ANDREAS REISINGER 04/08/97 (941) 368-0753

CR2E034 (9/96)