

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

FILED  
Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000007789 (6)**  
 1. Corporation Name  
**ROYCE GATES, INC.**



Principal Place of Business <b>2409-2431 SOUTHWEST 58TH TERRACE HOLLYWOOD FL 33023</b>	Mailing Address <b>2409-2431 SOUTHWEST 58TH TERRACE HOLLYWOOD FL 33023</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 4111 S.W. 58 Terr</b>		2a. Mailing Address <b>26 P.O. Box 5057</b>		3. Date Incorporated or Qualified <b>01/24/1996</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>65-0655938</b>
23 City & State <b>HOLLYWOOD, FLA.</b>		28 City & State <b>HOLLYWOOD, FLA.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>33023</b>	25 County <b>BROWARD</b>	29 Zip <b>33083</b>	30 County <b>BROWARD</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				10. Name and Address of New Registered Agent		
				81 Name <b>SAGENKAHN, ROYCE O'MARA</b>		
				82 Street Address (P.O. Box Number is Not Acceptable) <b>3720 S. LONGFELLOW CIRCLE</b>		
				83		
				84 City <b>HOLLYWOOD</b>	85 State <b>FL</b>	86 Zip Code <b>33021</b>

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 *Royce O'Mara* **PPRES.** DATE **3/11/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>SAGENKAHN, ROYCE O</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>PRESIDENT</b>
STREET ADDRESS <b>2409-2431 SOUTHWEST 58TH TERRACE</b>	CITY-ST-ZIP <b>HOLLYWOOD FL</b>	1.2 NAME	<b>SAGENKAHN, ROYCE O'MARA</b>
TITLE <input type="checkbox"/> DELETE	NAME	1.3 STREET ADDRESS	<b>3720 S. LONGFELLOW CIRCLE</b>
STREET ADDRESS	STREET ADDRESS	1.4 CITY-ST-ZIP	<b>HOLLYWOOD, FLA. 33021</b>
CITY-ST-ZIP	CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	2.2 NAME	
STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CITY-ST-ZIP	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	5.2 NAME	
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *Royce O'Mara* DATE: **3/11/98** TELEPHONE: **954-986-3903**

CR2E034 (10/97)