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PROFIT **CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000009533 (6)

ROYAL PALACE CIRCUS, INC.

## **FILED** Mar 30 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address  |  |  |              | i funtions is that bein built coils be | III BEHR DORM ID   |                | ALDO HAT LOOI  |                |
|--|--|--|--------------|--|--|----------------|----------------|----------------|
| 2831 RINGLING BLVD. STE 207-C 2831 RINGLING BLVD. S  |  | E 207-C  |              |  |  |                |                |                |
| SARASOTA FL 34237 SARASOTA FL 34237  |  |  |              |  | DO MOT MOSTS   | IN THE CO.     | .ne            |                |
|  |  |  |              | H                                      | DO NOT WRITE  3. Date Incorporated or Qualified                  | IN THIS SPA    | UE.            | <del></del>    |
|  |  |  |              |  | 01/29/1996   |                |                |                |
| 2. Principal Place of Business 2a.   | Mailing Address                                      |  |              | <del>-</del>                           | 4. FEI Number  |                | ППА            | pplied For     |
| 21 26  |  |  |              |  | 59-3370588   |                |                | ot Applicable  |
|  | Suite, Apt. #, etc.                                  |  |              |  |  |                |                | Additional     |
| 22 27  |  |  |              |  | 5. Certificate of Status Desired                                 | LJ             | Fee F          | tequired       |
| <b>─</b> ′   | City & State   |  |              |  | 6. Election Campaign Financing                                   |                | \$5.00         | May Be         |
| 28 28  |  |  |              |  | Trust Fund Contribution  |                | Added          | to Fees        |
|  | Zip Country  |  |              | - 1                                    | 8. This corporation owes or has pa                               | _              |                |                |
| 24 25 29 9, Name and Address of Current Registe  | yed Agent  | <del>                                     </del> |              |  | Personal Property Tax due June<br>10. Name and Address of New Re |                |                | No             |
|  | noo rigoni   | B1   | Nam          |  | ID. HELING BING ACCOUGED OF HOW HO                               | Sieraido Mâi   |                |                |
| Dubsky, Harry Jr.<br>2831 Ringling Blvd. Ste 207-C   |  |  |              |  | · · · · · · · · · · · · · · · · · · ·                            |                |                |                |
| SARASOTA FL 34237  |  | 62   | Stree        | et Address                             | s (P.O. Box Number is Not Acceptat                               | ole)           |                | 1              |
| SANASUIA FL 34237  |  | 83   | <del> </del> |  |  |                |                |                |
|  |  | ļ  |              |  |  |                |                |                |
|  |  | 84   | City         |  |  | FL             | 3 <b>5</b> Zip | Code           |
| 11. Pursuant to the provisions of Sections 607.0502 and 607  | 7.1508, Florida Statutes,                            | the abov   | e-name       | ed corpora                             | ation submits this statement for the p                           |                | anging         | its registered |
| <ol> <li>Pursuant to the provisions of Sections 607,0502 and 607 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of.</li> </ol> | ı. Such change was auth<br>Section 607 0505, Florida | orized b<br>a Statute                            | y the co     | orporation                             | 's board of directors. I hereby accep                            | ot the appoin  | tment a        | s registered   |
| SIGNATURE  | 30000, 7101101                                       |  |              |  |  |                |                |                |
| Signature, typed or printed name of registered agent and title if  | applicable (NOTE Re                                  | gistered Ag                                      | ent signati  | ture required v                        | when reinstating)  | DATE           |                |                |
| 12. OFFICERS AND DIRECT  |  | 13.  |              |  | ADDITIONS/CHANGES TO OFFICE                                      |                |                |                |
| TITLE D  | ☐ DELETE   | 1.1 TITLE  |              | 1                                      |  | <b>└</b>       | Change         | L. Addition    |
| NAME DUBSKY, HARRY SR.   |  | 1.2 NAME   |              |  |  |                |                |                |
| STREET ADDRESS 2831 RINGLING BLVD. STE 207-C   |  | 1.3 STREE  |              | \$                                     |  |                |                | Į.             |
| CITY-ST-ZIP SARASOTA FL 34237  | DELETE   | 1.4 CITY - I<br>2.1 TITLE                        | ST-ZIP       | <del>   </del>                         |  |                | Change         | Addition       |
| NAME DUBSKY, HARRY JR.   | □ ottett   | 2.2 NAME   |              |  |  | L_             | Change         | Addition       |
| 4454 BUILDI NIA BUILDI ATT 445 A   |  |  | T ADDRESS    | .                                      |  |                |                |                |
| CITY-ST-ZIP SARASOTA FL 34237  |  | 2.4 CITY-  |              | <b>"</b>                               |  |                |                | ľ              |
| TITLE  | DELETE   | 3.1 TITLE  | 31-ZIF       |  |  |                | Change         | ☐ Addition     |
| NAME   |  | 3.2 NAME   |              |  |  |                | •              |                |
| STREET ADORESS   |  | 3.3 STREE  | T ADDRESS    | s                                      |  |                |                |                |
| CITY-ST-ZIP  |  | 3.4. CITY-                                       | ST-ZIP       |  |  |                |                |                |
| TITLE  | DELETE   | 4.1 TITLE  |              | _                                      |  |                | Change         | Addition       |
| NAME   |  | 4. 2 NAME  |              | 1                                      |  |                |                | ŀ              |
| STREET ADDRESS   |  | 4.3 STREE  | T ADDRESS    | s                                      |  |                |                |                |
| CITY-SI-ZIP  |  | 4.4 CITY-  | ST-ZIP       |  |  |                |                |                |
| TITLE  | LJ DELETE  | 5.1 TITLE  |              |  |  |                | Change         | Addition       |
| NAME   |  | 5.2 NAME   |              | 1                                      |  |                |                | ļ              |
| STREET ADDRESS   |  | 5.3 STREE  |              | \$                                     |  |                |                | !              |
| City-S1-ZiP  | DELETE   | 5.4 CITY-:                                       | ST - ZIP     |  |  | <del> </del>   | Change         | Addition       |
| TITLE  | CT DETEKE  | 6.1 TITLE  |              | 1                                      |  | Ĺ              | Change         | ☐ Addition     |
| NAME<br>STREET ADDRESS   |  | 6.2 NAME   |              | .                                      |  |                |                | ļ              |
| STREET ADDRESS   |  | 6.3 STREE  |              | »                                      |  |                |                |                |
| CITY-ST-ZIP  14. I hereby certify that the information supplied with this fill   | no does not qualify for th                           | 6.4 CITY-<br>ne exema                            |              | ated in Se                             | ction 119.07(3)(i). Florida Statutes. I                          | further certif | that th        | e 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.

9419510505