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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000010347 (8)

ROYALE EAGLE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

## FILED Jun 13 1997 8:00am Secretary of State



5313 LA GORCE DRIVE MIAMI BEACH FL 33140			5313 LA GORCE DRIVE MIAMI BEACH FL 33140-2133						
						3. Date Incorporated or Qualified 02/01/1996	3a, Date o	f Last F	Report
2. Principal P	lace of Business	2a. Mailing 26	2a. Mailing Address			4. FEI Number 65-0654932			pplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required		
City & State		City & 5	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip <b>29</b>	Country 30			This corporation has liability for intangible tax under s. 199.032,     Florida Statutes			
	<del>- 12</del>	of Current Registered Ag	ent .			10. Name and Address of New Re	gistered Age	nt	
	EDLINE, YALE			81	Name				
5313 LA GORCE DRIVE MIAMI BEACH FL 33140				82	Street A	Address (P.O. Box Number is Not Acceptab	ole)		
				83				}	,
				84	' '	·	FL 85		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 registre 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 accumulate onlinearious of Section 607.0500. Plorida Statutes.  SIGNATURE  S									
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFIC	*	ECTO	S IN 12
TITLE	BSTD		DELETE	1.1 TITLE	T	7.00111010701741102010 01110		Change	Addition
NAME	F <b>re</b> edline, Yale			1.2 NAME					
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CITY-ST-ZIP	MIAMI BEACH FL 3314	10		1.4 CITY- S	1				إ
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NAME				2.2 NAME				•	_
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NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
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CITY-ST-ZIP			Torices	5.4 CITY - S	1 - ZIP				
TITLE		L	DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STHEET					
CITY-ST-ZIP				6.4 CITY-S	T-21P				

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 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.