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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000010347 (8)

## FILED Jan 22 1998 8:00am Secretary of State

1. Corporation ROYAL	E EAGLE ENTERPRISES,	INC.			
Principal Plac	ce of Business	Mailing Address			
5313 LA GOF		5313 LA GORCE DRIVE			·
MIAMI BEACE		MIAMI BEACH FL 33140			
				DO NOT WRITE IN TH	IIS SPACE
			F	3. Date Incorporated or Qualified 02/01/1996	
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0654932	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23    Zip	Country	28   Zip	Country	Trust Fund Contribution	Added to Fees
24	25	<del> </del>	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	Yes No
	9. Name and Address of Curre		30	10. Name and Address of New Registere	
FREEDLINE, YALE 81 Na					
5313 LA GORCE DRIVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33140			-	,	
			83		
			84 City	· ·	85 Zip Code
11 Pigeriant	to the provisions of Sections 607.05	02 and 607 1509 Florida Statuta	s the obeye remed core	Forestion outpoils this statement for the	<b>L</b>
office or r	egistered agent, or both, in the Stat	le of Florida. Such change was a	uthorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	appointment as registered
	m amiliar with, and accept the obli	gations of, Section 607,0505, Fig.	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	. Registered Agent signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		Change Addition
NAME	FREEDLINE, YALE		1.2 NAME		
STREET ADDRESS	5313 LA GORCE DRIVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH FL 33140	DELETE	1,4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			2,2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	3	☐ Change ☐ Addition
NAME		_	3,2 NAME		onlings naditysis
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		İ
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TATLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP		Choose 1 44291-
NAME		☐ ntrt1t	6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		Í
	ertify that the information supplied y	with this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07(3Vi) Florida Statutes I further	contifue that the Information

4. I 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 charged, or on an attachment with an address.

SIGNATURE

plove Prevallice PALE FREEDLINE

1/10/97 (305)861-1481