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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000014198 (1)

ROYAL DEVELOPERS, INC.

FILED Feb 18 1997 8:00am Secretary of State



Principal Place		5 4 AU 5 1 1 1			<u> </u>		
AAAA 111.00.000.000		Mailing Address			*	e.	(
3300 UNIVERSITY DRIVE 2255 GLADES ROAD SUITE 408 SUITE 408							
	3S FL 33065	BOCA RATON FL 33431-7	7383				
CORAL SPRINGS FL 33065 BOCA RATON FL 33431-7383					3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1996		ast Report
2. Principal Pl	ace of Business	2a. Mailing Address			4, FELNumber	1	Applied For
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Suite, Apt.		Suite, Apt. #, etc.	A resulter and	1.1042.01	- 0 1/1 1 10 1 0 1	□ \$8.	75 Additional
22 Sulb	C 301 E	27			5. Certificate of Status Desired	⊢ F	ee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May		
23 Boca	Paton, Fl.	28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	у	8. This corporation has liability for	intangible tax un	der s. 199.032,
4 3343	· · · · · · · · · · · · · · · · · · ·	29	30			Yes No	
	g. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	egistered Agent	
	osi & Eisenstein, P.A.		B1	Name			
701 WEST CYPRESS CREEK ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUIT	TE 302			555(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	set reduces (1.0. pox reduces is necessation)		
FT. I	LAUDERDALE FL 33309		B3				
				City		10-1	Zin Code
			84	City		FL 65	Zip Code
S:GNATURE	m familiar with, and accept the obl	ngations of, Section 607.0505, Fi	ionua statute	5.	Zlľ	297	
	Signature, typed or printed name of registered :	agent and title if applicable (NO	TE. Registered Ao	ent signature require	ed when reinstaling)	DATE	
	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable (NO AND DIRECTORS		ent signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFFI		CTORS IN 12
12.			1E. Registered Ag 13, 1,1 TITLE	ent signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFFI		
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4. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, the I am an officed or directory the confiction 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 12 if planted, or on attachment with an address.

2/12/0-