## 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 # P96000037027 (5)

ROYAL OAKS CONSULTANTS, INC.

	e of Businoss OAKS DRIVE ARK FL 34731	Mailing Address 05302 ROYAL OAKS D FRUITLAND PARK FL			DO NOT WRITE IN THE	
					04/30/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-3383832	Applied For
21   26			#. etc.			Not Applicable \$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					8. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	h-n ' h-n ' h-n		Country	/	8. This corporation owes or has paid the o	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29	30			Yes No
9. Name and Address of Current Registered Agent FOSTER, SUSAN A 81				Name	10. Name and Address of New Registere	a Agent
- 05302 ROYAL OAKS DRIVE						
FRUITLAND PARK FL 34731			82	Street Addi	ress (P.O. Box Number is Not Acceptable)	
THOREGARD FAIRLY C 04701			83	<del> </del>		
			84			· · · · · · · · · · · · · · · · · · ·
				City	F	E Sip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obl				poration submits this statement for the purpose tion's board of directors. I hereby accept the approach when reliefabling.	of changing its registered opointment as registered
12.		IND DIRECTORS	13.	Ta Signature Todas	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE			1.1 1DLE			Change Addition
NAME			1.2 NAME			
STREET ADDRESS	05302 ROYAL OAKS DRIVE		1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY- 9	ST - ZIP		
TITLE			2.1 TITLE			☐ Change ☐ Addition [9
NAME	FOSTER, LARRY D 05302 ROYAL OAKS DRIVE		2.2 NAME			
STREET ADDRESS	EDITITIAND DADY EL 94794		23 STRFET	Ì		
CITY-ST-ZIP TITLE	THOREAGO FAIR IC 0470	DELETE	2. 4 CHY-1	S1 - ZIP		Change Addition
NAME			3.2 NAME			The custode The variation
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-5	J		
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS	• •	
CITY-ST-ZIP			4.4 CITY - S	T - ZIP		
TETLE		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME	ľ		
STREET ADDRESS			5.3 STREET	4		
CITY_CT_7ID			6 4 CITY C	7 710 I		

14. Thereby 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 eath; 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, opinion at attachment with an address.

6.1 TITLE

**6.2 NAME** 

6.3 STREET ADDRESS

CICALATUDE.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Lucas A Fort

DELETE

1/2/98 252 228/08/00

Change

Addition

**FILED** 

Feb 16 1998 8:00am

Secretary of State