

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

96000041503
ROYCE CONCEPTS INC.
4730 ORANGE GROVE BLVD.
NORTH FORT MEYERS, FL 33903

Principal Place of Business

Mailing Address

4730 ORANGE GROVE BLVD.
NORTH FORT MEYERS, FL 33903

FILED

Jun 05 1997 8:00am
Secretary of State

3. Date Incorporated or Qualified 5/15/96	3a. Date of Last Report
4. FEI Number 65-0674693	Applied For No: Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

JULIUS LORBER
4730 Orange Grove Blvd
North Fort Meyers FL 33903

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 registered 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when resigning.

DATE

OFFICERS AND DIRECTORS

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE NAME: JULIUS LORBER STREET ADDRESS: 4730 ORANGE GROVE BLVD. CITY-ST-ZIP: NORTH FORT MEYERS, FL 33903	☐ Change ☐ Addition 11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP

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6/15/97

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.

SIGNATURE: X Julius Lorber JULIUS LORBER