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Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **96 0000 58633 (0)**

1. Corporation Name
ROYAL ASSET MANAGEMENT, INC.

Principal Place of Business 2301 W SAMPLE RD Bldg # 3, SUITE 2A POMPADOR BEACH, FL 33073	Mailing Address SAME
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3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business 21 2301 W SAMPLE RD	2a. Mailing Address 26 2301 W SAMPLE RD	4. FEI Number 65-0682221	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Bldg # 3, SUITE 2A	Suite, Apt. #, etc. 27 Bldg # 3, SUITE 2A	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23 POMPADOR BEACH FL	City & State 28 POMPADOR BEACH FL	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24 33073	Country 25 BROWARD	29 33073	30 BROWARD

9. Name and Address of Current Registered Agent RONALD DUBNER	10. Name and Address of New Registered Agent 81 Name RONALD DUBNER 82 Street Address 1489 PALMETTO PARK ROAD 83 SUITE 445 84 City POCAHONTAS FL 85 Zip Code 33486
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENE TREMATERRA ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD DENE TREMATERRA ☒ Change ☐ Addition 2301 W SAMPLE RD - Bldg 3, SUITE 2A POMPADOR BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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-03/07/97--01069--019
***\$165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #