FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 22 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mertham * **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000088911 (8) ROYCE REALTY, INC. Principal Place of Business Mailing Address 1220 S. OCEAN BLVD. 1220 S. OCEAN BLVD. MANALAPAN FL 33462 MANALAPAN FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For -0705642 OCEAN LANE 26 2/00 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible X No Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COLLINS RUSSO, KATHLEEN 1220 S. OCEAN BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) MANALAPAN FL 33462 83 **B4** City 85 Zip Code 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 obligators of, Section 607.0505. Florida Statutes. SIGNATURE. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 1016 **COLLINS RUSSO, KATHLEEN** 1.2 NAME NAME 2100 5- OCEAN 1220 S. OCEAN BLVD. STREET ADDRESS 1.3 STREET ADDRESS MANALAPAN FL 33462 1.4 City-St-ZiP CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZiP 2. 4 CITY - ST- ZIP Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STEET ADDRESS -S1-ZIP CITY - ST - ZIP 3.4. CI DELETE 4.1 TdT Change TITLE 4 2 NA NAME

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6.4 CITY CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exerindicated on this annual report or supplemental annual report is true and accurate and officer or director of the corporation of the receiver or trustee empowered to execute the in an address. Block 12 or Block 13 if changed, or on an attachment y

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ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in

4/11/98

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