## 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 # P96000092656 (3)

ROYAL WINDSOR CAPTIVA, INC.

Principal Place of Business Mailing Address

11506 ANDY ROSSE LANE P O BOX 843
CAPTIVA FL 33924 CAPTIVA FL 33924

## FILED May 07 1998 8:00am Secretary of State



CAPTIVA FL 33924		CAPTIVA FL 33924 US	CAPTIVA FL 33924		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
<b>5</b> 537 - 1 - 1	0				11/13/1996		
2. Frincipal Place of Business			2a. Mailing Address		4. FEI Number	Applied For	
21		26			65-0708183	Not Applicable	
Suite, Apt. #, etc.		Suito, Apt #, etc.	F		5. Certificate of Status Desired	\$8.75 Additional	
City & Slate		27				Fee Required	
<del>_</del>		City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip Country		28	I		Trust Fund Contribution	Added to Fees	
_ `	<del> </del>	Zip	Country	/	8. This corporation owes or has paid the current year Intangible		
24	25 Name and Address of Cu	rent Registered Agent	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
9, Name and Address of Current Registered Agent TOWNED AMES 81							
TOWNER, MIKE				81 Name ~/ /A·			
11508 ANDY ROSSE LANE			82	Street A	Address (P.O. Box Number is Not Acceptable)		
CAPTIVA FL 33924				ļ <u>.</u>			
			83	1			
			84	City	, , , , , , , , , , , , , , , , , , ,	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 hand of registered againt and lifter if applicable (NOTE Registered Agont signature required when reinstating)  DATE							
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PD DELETE		1.1 TITLE		Passion Change Addition		
NAME	TOWNER, MIKE		1.2 NAME		NICK MERRY.		
STREET ADDRESS	EET ADDRESS 11508 ANDY ROSSE LANE			ADDRESS	S 11508 ANDY ROBGE LANE! CADTIVA: FC. 33924.		
CITY-ST-ZIP	CAPTIVA FL 33924		1.4 CITY - S	1-ZIP	CAIDINA FC. 3397	24 .	
TITLE	VSD	DELETE	2.1 TITLE		VSD.	Change Addition	
NAME	MERRY, NICK		2.2 NAME		MIKE TOWNER	_	
STREET ADDRESS	11508 ANDY ROSSE LANI		2.3 STREET	ADDRESS	11508 ANIOY ROSSE L	ANE	
CITY+ST-ZIP	CAPTIVA FL 33924		2. 4 CITY-	ST - ZIP	CAPINA. FL. 33924	•	
TITLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE			4.1 TITLE			☐ Change ☐ Addition	
NAME	C.		4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS		ľ	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP			
TITLE		DELETE	5.1 TITLE		(4, 14, 14, 14, 14, 14, 14, 14, 14, 14, 1	Change Addition	
NAME			5.2 NAME			75	
STREET ADDRESS			5.3 STREET	ADDRESS		7	
CITY-ST-ZIP			5.4 CITY-S	T - ZIP		511	
TITLE		DELETE	61 TITLE			Change Addition	
NAME			6.2 NAME		<b>4000025212</b> -05/13/98010070	24	
STREET ADDRESS			63 STREET	ADDRESS		U5	
CITY-ST-ZIP			6.4 CITY - S	r - ZiP	***150.00		

4. Thereby certify that the information supplied with this filling 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 trusted 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 an allam unent with an address.

12 120 - 0000