

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

FILED

Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90030 016 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000099127

1. Corporation Name

ROYAL APPRAISAL SERVICES, INC.

Principal Place of Business

144 ELYSIUM DR  
ROYAL PALM BEACH FL 33411

Mailing Address

1128 ROYAL PALM BEACH BLVD  
SUITE 344  
ROYAL PALM BEACH FL 33411  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

MOBILIA, RONALD L  
ROYAL APPRAISAL SERVICES, INC.  
144 ELYSIUM DR  
ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0717970

Applied For

Not 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 owes the current year Intangible

Personal Property Tax.

☐

Yes ☒ No

DO NOT WRITE IN THIS SPACE

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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 reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MOBILIA, RONALD L  
STREET ADDRESS 144 ELYSIUM DR  
CITY-ST-ZIP ROYAL PALM BEACH FL 33441

TITLE SEC ☐ DELETE

NAME MOBILIA, JANICE M  
STREET ADDRESS 144 ELYSIUM DR  
CITY-ST-ZIP ROYAL PALM BEACH FL 33441

TITLE ☐ DELETE

NAME MOBILIA, RONALD L  
STREET ADDRESS 144 ELYSIUM DR  
CITY-ST-ZIP ROYAL PALM BEACH FL 33441

TITLE ☐ DELETE

NAME MOBILIA, JANICE M  
STREET ADDRESS 144 ELYSIUM DR  
CITY-ST-ZIP ROYAL PALM BEACH FL 33441

TITLE ☐ DELETE

NAME MOBILIA, JANICE M  
STREET ADDRESS 144 ELYSIUM DR  
CITY-ST-ZIP ROYAL PALM BEACH FL 33441

TITLE ☐ DELETE

NAME MOBILIA, JANICE M  
STREET ADDRESS 144 ELYSIUM DR  
CITY-ST-ZIP ROYAL PALM BEACH FL 33441

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/17/99

561-798-1139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)