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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMEN # P97000040270

FLORIDA ROYALE, INC.

FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90041 046 ***150.00



						1641 MB141 & 8421 M1211 AA1.	10 11011 10011 0011 1001
Principal Place of Business Mailing Address							
2710 N. ORANGE BLOSSOM TRAIL. SUITE 202 KISSIMMEE FL 34744		2710 N. ORANGE BLOSSOM TRAIL. SUITE 202 KISSIMMEE FL 34744		DO NOT WRITE IN THIS SPACE			
	<u> </u>				3. Date Incorporated or Qualifed		
		•			05/02/1997		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
2. 1 (110)		26]		59-3447439	1	Not Applicable
Suite, Apt. #, etc. Suit		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 4	.75 Additional ee Required
22		27		- 51 C - Cin Figureing			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28 Zin	Countr		8. This corporation owes the curr		
Zip				Personal Property Tax.	∵ □Ye		
24	[25]		50}		10. Name and Address of New	Registered Agent	_
-	9. Name and Address of Curre	nt Registered Agent	81	1 Name	10.		
VAIII C	ON CHAIS	· · ·				T.	
WILSON, CHRIS 2710 N. ORANGE BLOSSOM TRAIL, SUITE 202			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	SIMMEE FL 34744	, 00112 202	83	2		4 154 156 , 8 21 45	18 751 1831 450 4351
NISS	DIMMEE FL 34/44		6,	3		包罗姆斯特	
			84	4 City	The state of the s	FI 85	Zip Code
30 44 4 5 5 A	007.05	on and CO7 4509 Florida Statutos	e the abov	ve-named con	poration submits this statement for the	purpose of chang	ing its registered
					ion's board of directors. I hereby acce	pt the appointmen	t as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statute	s.		ř : -	
SIGNATURE			T	ant alamatura raquir	ed when reinstating)	DATE	
	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE: F	13.	ent adnatore redon	ADDITIONS/CHANGES TO OF	FFICERS AND DIF	RECTORS IN 12
12.		DELETE	1.1 TITLE	-	2000		hange Addition
TITLE	D		1.2 NAME		to the second second		
NAME	WILSON, CHRIS	TOAH CHITT 000		ET ADDRESS	•		
STREET ADDRESS	2710 N. ORANGE BLOSSOM	TRAIL, SUITE 202					}
CITY-ST-ZIP	KISSIMMEE FL 34744	☐ DELETE	1.4 CITY- 2.1 TITLE				hange
ine .	D	□ pereie	1		•		
NAME	WILKES RICHARD		2.2 NAME	i			}
STREET ADDRESS	404 CAMPUS ST			ET ADDRESS			
CITY-ST-ZIP	CELEBRATION FL 34747		2. 4 CITY				hange Addition
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NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STRE	EET ADDRESS		事的比较级的	な理論別議
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CITY-ST-ZIP	!		4.4 CITY	-ST-ZIP		·	
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NAME			5.2 NAM	E	$\mathcal{F}(\mathcal{F}, X) = i \mathcal{F}_{X_2}^{(2)}$		•
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			5.4 CITY	-ST-ZIP	70 Hg/ 33	* **	
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NAME			6.3 STR	EET ADDRESS		, y •	
STREET ADDRESS				-ST-ZIP			
CITY OF 7ID	1 ' 5		0.7 OIL	-· -··			

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 of 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 or Block 1

SIGNATURE

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 467-931-2103

CR2E034 (11/98)