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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700063793

1. Corporation Name

ROYAL AIRLINE LINEN OF FLORIDA, INC.

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Principal Place	e of Business	Mailing Address	-			IONA ORAN BOUNT O	11 60 11511 1 2010	INION IIII IBNI
4020 NW 24TH		4020 NW 24TH ST					•	
901 MESSINA DRIVE 901 M		901 MESSINA DRIVE	MESSINA DRIVE					
MIAMI FL 33142 MIAMI		MIAMI FL 33142			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed	i i		,
					07/23/1997		11.	# - 4 F
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			65-0768422	•		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Re	
22		City & State				· · · · · · · · · · · · · · · · · · ·		
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
23 Zin	Country		Country	,				01669
Zip	, , , , , , , , , , , , , , , , , , , ,	29	30	,	 This corporation owes the cur Personal Property Tax. 	-		₩No
24	9. Name and Address of Curre		1301		10. Name and Address of New			
		A Comment of the Comm	81	Name				
DAN	INER, SIEGRIED	11. 11. 11.				· · ·		
	NW 24TH ST	A ayl	82	Street Addr	ress (P.O. Box Number is Not Accep	table)		
	WI FL 33142		83		****	-		. 7. 1. 1.7di
******							<u>, पंदर्श केट</u>	1.13 有精
			84	City	,		85 Zip C	ode
14 * Divroitant	to the provisions of Sections 607 050	02 and 607 1508. Florida Statul	tes the abov	e-named com	poration submits this statement for the	e purpose of c	hanging its	reaistered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by	the corporation	on's board of directors. I hereby acce	ept the appoint	ment as req	gistered
🕀 lagent. Lai	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes	3.				
							•	
SIGNATURE	Charles and a second part of maintenant part	ant and title if conlicable	· Danistored Ano	nt signature require	d when reinstation)	DATE		
	Signature, typed or printed name of registered age			nt signature require	nd when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND	DIRECTO	RS IN 12
12.	OFFICERS AI	ent and title if applicable. (NOTE ND DIRECTORS	13.	nt signature require			DIRECTO	RS IN 12
12. TITLE	OFFICERS AI	ND DIRECTORS	13.	nt signature require				
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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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP