Not Applicable

\$8.75 Additional

-Fee.Required: \$5.00 May Be

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

DOCUMENT # **P97000082487**

1. Corporation Name

REGAL LAND HOLDINGS, INC.

Pri	ncip	al Pi	ace o	f Bus	iness
	~~	400			

2. Principal Place of Business

Mailing Address

153 SE 1ST AVE. **BOCA RATON FL 33432**

Suite, Apt. #, etc.

City & State

153 SE 1ST AVE. **BOCA RATON FL 33432**

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90053 020 ***158.75



	101/101/2014 11/11 1881 3811 3811 3811 3811 3811 3811 3811 3811 3811 3811 3811 3				
	DO NOT WRITE IN THIS	SPACE			
3.	Date Incorporated or Qualifed		<u> </u>		
	09/23/1997				
	00/20/100/				

65-0782056

5. Certificate of Status Desired

6. Election Campaign Financing

23		28			. Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the	current year Inta		_
24	25	29 3	0		Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of N	ew Registered /	Agent	
			81	Name		•		
	ine, jeffrey a		82	Street Ac	idress (P.O. Box Number is Not Ac	ceptable)		
4000	0 N. FEDERAL HWY., STE. 201		"		101000 (1 :0: DOX 11011120: 10 : 1011110			
BOC	CA RATON FL 33431		83					
							los i Zio	Code
			84	City		FL	85 Zip	Code
office or I	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	horized by	the corpora	proporation submits this statement for ation's board of directors. I hereby a	r the purpose of accept the appoin	changing its itment as re	registered egistered
SIGNATURE		•				DATE		i
	Signature, typed or printed name of registered agent a			t signature req	uired when reinstating)		D DIRECT	DR IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN	Change	Addition
TITLE	DP	. LI DELL'IL						
NAME	NORMAN, JEFFREY H		1.2 NAME			•		i
STREET ADDRESS			1.3 STREET			•		
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY-S	Γ-ZIP	#_W.F		Change	Addition
TITLE ·	ST	☐ DELETE	2.1 TITLE		and the second second		Change	LJ AGGILON
NAME	MAIURO, JOSEPH K		2.2 NAME					
STREET ADDRESS	2631 NE 48 ST		2.3 STREET	ADDRESS				. •
−cπy-st-zip ===	-LIGHTHOUSE-POINT-FL-33064-		2:4 CITY-5	T-ZIP==				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition .
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4. CITY- S	T-ZIP	·			
TITLE		☐ DELETE	4.1 TITLE		-		Change	☐ Addition
NAME			4. 2 NAME	ļ	•			
STREET ADDRESS			4.3 STREET	ADDRESS	•			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME	- 1				
STREET ADDRESS			5.3 STREE	ADDRESS	• *			
CITY-ST-ZIP	1		5.4 CITY-S	r-ZIP	• .			
TITLE		☐ DELETE	6.1 TITLE	-	eks	•	Change	Addition
NAME			6.2 NAME	1				
STREET ADDRESS	,		6.3 STREE	ADDRESS	•			
STREET ADDRESS	51							

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 suppliemental 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 trueffee 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