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

PROFIT CORPORATION ANNUAL REPORT **1998**



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083239 (8)

FILED Feb 13 1998 8:00am Secretary of State

| ROYAL | RESERVATIONS INC. | | | |
|---|------------------------------|---------------------------------------|--------------------|--|
| Principal Plac | e of Business | Mailing Address | | * 1957/541 7/6 1971/ 1981/ 45/11 POLL POLL SUIT SUIT 19155 1977 1978 1811 1987 |
| 2300 GRIFFIN RD. SUITE 14 2300 GRIFFIN RD. SUITE 1 | | | 14 | |
| FT LAUDERDALE FL 33312-5961 FT LAUDERDALE FL 33312 | | | 2-5961 | DO NOT INDITE IN THIS ODIO |
|] | | | | DO NOT WRITE IN THIS SPACE |
| Ì | | | | 3. Date incorporated or Qualified 09/24/1997 |
| 9 Principal P | Place of Business | 2a. Mailing Address | | |
| <u> </u> | TRUE OF BUSINESS | } ₁ | | 65-0707702 |
| Suite, Apt #, etc | | Suite, Apt. #, etc. | | S8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | _ | 28 | | Trust Fund Contribution Added to Fees |
| Zip | Country | 7 ₀ | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. Yes No |
| 1-11 | 9. Name and Address of Curre | | | 10. Name and Address of New Registered Agent |
| AL | LARD, ROGER | | 81 Name | |
| 2300 GRIFFIN RD, SUITE 14 | | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) |
| FT LAUDERDALE FL 33312-5961 | | | OZ SHEEK A | duress (P.O. Box Number is Not Acceptable) |
| l | | | 83 | |
| ŀ | | | | |
| 1 | | | 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. Lam familiar with and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE DATE DATE DATE | | | | |
| 12. | OFFICERS AN | ID DIBECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | | DELETE | 1.1 TITLE | President Change **Addition |
| NAME | | | 1.2 NAME | ROGER ALLARD |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | 2300 GRIFFIN ROAD, #14, |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | Ft. Lauderdale, Florida 33312 |
| TITLE | | ☐ DELETE | 21 TITLE | Secretary Change XX Addition |
| NAME | | | 22 NAME | NICOLE DESROCHERS |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 10.525 CLARK AVENUE. |
| CITY - ST - ZIP | | | 2. 4 CITY-ST-ZIP | Montreal, Quebec, Canada H3L-285 |
| 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 | | DELETE | 4.1 TITLE | Change Addition |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | Dece 1E | 5 1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | 5 4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6 1 TITLE | Change Addition |
| NAME | | | 6.2 NAME | i |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | <u> </u> | ····· | 64 CITY-ST-ZIP | |

14. Thereby 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 chapted, or on an attachment with an address

SIGNATURE: * Dogs allura

ROBER ALLARD, PRESIDENT, 0/03/66/914)962-3401