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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085295

ROYAL CREST, CORPORATION

Principal Place of Business Mailing Address							1191 791 4) B	********	
1540 RT 15-A 1540 RT 15-A									
BLDG B-1 BLDG B-1				DO NOT WRITE IN 1			JIE EDA	^=	
DELAND FL 32720 DELAND FL 32720							115 SPA	<u></u>	
						3. Date Incorporated or Qualifed 10/01/1997			
Principal Place of Business Za. Mailing Address						4. FEI Number		- + ''	olied For
21	26				59-3472521			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired .	•		dditional
22								Fee Re	·
City & State City & State						6. Election Campaign Financing	-		May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip				8. This corporation owes the current year					
24	25	29 3	0			Personal Property Tax.	Y		□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	ea Agen		
DAM	I IOHN W		81	' '	Name				
Dahl, John W 1628 w Beresford RD				2 :	Street Addres	ss (P.O. Box Number is Not Acceptable)			
			L	\perp					
DEL	ND FL 32720		83	3					1
			84	4	City	····	. 85	Zip (Code
					-	F	·L	`	
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statutes	the abov	re-r	amed corpor	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	of chan	ging its	registered
office or n	egistered agent, or both, in the State i m familiar with, and accept the obligat	of Florida. Such change was auti tions of, Section 607.0505, Florid	norized by fa Statute	y un S.	a corporation	is board of directors. Thereby accept the ap	pomano	1, 45 10	3,5,6,700
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agen		egistered Age	ent si	ignature required v				
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	•		1.1 TITLE	1.1 TITLE		•	L	Change	☐ Addition
NAME			1.2 NAME	1.2 NAME					
STREET ADDRESS			1.3 STRE	1.3 STREET ADDRESS					į
CITY-ST-ZIP	DELAND FL 32720		1,4 CITY-ST-ZIP		IP I				
TITLE	☐ DELETE 2.1 T		2.1 TITLE	2.1 TITLE				Change	Addition
NAME			2.2 NAME						
STREET ADDRESS	s		2.3 STREET ADDRESS		DDRESS				
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NAME			3.2 NAME						
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TITLE	☐ DELETE 4.1 T		_	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME	Ē					
STREET ADDRESS			4.3 STRE		DDRESS				
CITY-ST-ZIP			4.4 CITY-						
TITLE				5.1 TITLE				Change	Addition
NAME			5.2 NAME						ļ
STREET ADDRESS		•	5.3 STRE		DORESS				1
			5.4 CITY-		1				
TITLE			6.1 TITLE	<u> </u>				Change	Addition
			6.2 NAME		1		_	-	
NAME			1		DORESS				

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 approved.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP"

SIGNATURE AND TYPED OR