

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90047 022 ***150.00

DOCUMENT # P98000037980

1. Corporation Name
TAMPA ROYAL CO.

Principal Place of Business
**324 N DALE MABRY HWY, SUITE 100
TAMPA FL 33609**

Mailing Address
**324 N DALE MABRY HWY, SUITE 100
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number
59-3512276

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **306 E. Tyler St. #300**
Suite, Apt. #, etc.

22 **Tampa, Florida**

City & State

23 **33602**

Zip

Country

2a. Mailing Address

26 **P.O. Box 172239**

Suite, Apt. #, etc.

27 **Tampa, Florida**

City & State

28 **33672-0239**

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**ISAAK, MALKA
324 N DALE MABRY HWY, SUITE 100
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name
Malka Isaak

82 Street Address (P.O. Box Number is Not Acceptable)
306 E. Tyler St.

83
Tampa

84 City

85 Zip Code
FL 33602

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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

MALKA ISAAK

4/19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ISAAK, MALKA**
CITY-ST-ZIP **324 N DALE MABRY HWY, SUITE 100
TAMPA FL 33609**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**President
Malka Isaac
306 E. Tyler St.
Tampa, FL 33602**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**Secretary
Patrick B. Smith
306 E. Tyler St.
Tampa, FL 33602**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**Vice President-Treasurer
Richard B. Feinberg
306 E. Tyler St.
Tampa, Florida 33602**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MALKA ISAAK, PRESIDENT 4/19/99

CR2E034 (11/98)