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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000082934

1. Corporation Name

ROYAL IMPERIAL ESTATES, INC.

Principal Place of Busine	ess	Mailing Address				*	•	
700 11TH STREET SOUTH		700 11TH STREET SOUTH						
PENTHOUSE II PENTHOUSE II NAPLES FL 34102 NAPLES FL 34102						DO NOT WRITE IN THIS SPACE		
MAPLEO IL OTIUE MAILEO IL OTIUE				3. Date Incorporated or Qualifed			<u> </u>	
						09/23/1998		
Principal Place of Business     2a. Mailing Address						4. FEI Number	———	olied For
21 26						59-3534847	<del></del>	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22	27					Fee Re	<del>`</del>	
City & State	City & State				6. Election Campaign Financing	\$5.00	•	
23		28				Trust Fund Contribution	Added t	o rees
. Zip	Country	Zip		untry		8. This corporation owes the current year		□No
24	25	29	30	_		Personal Property Tax.  10. Name and Address of New Registe		
9. Nan	ne and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registr	nda Agoin	
BRYANT, EDI	VARD R JR							<del></del>
700 11TH STREET SOUTH				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
PENTHOUSE II				83				
NAPLES FL 34102								
, , , , , , , , , , , , , , , , , , ,				84 City			FL 85 Zip C	Code
office or registered agent. I am familiar	agent, or both, in the Spate of	ions of, Section 607.0505, F	orida Sta	atutes.		oration submits this statement for the purposon's board of directors. I hereby accept the a	ppomarem as re	gistered
Signature, ty	ed or printed name of registered agent				t signature require	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	OFFICERS AND	DELETE	13	TITLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE P/D	1 D D	<del>_</del>		NAME			_ ,	
NAME Edward R. Bryant, Jr.			1	1.3 STREET ADDRESS				
STREET ADDRESS 700 11th Street South PH-II				1.4 CITY-ST-ZIP				
CITY-ST-ZIP Naples, Florida 34102				2.1 TITLE			☐ Change	Addition
NAME VP/D				NAME				
Jai	Janis S. Hudson				ADDRESS			
STREET ADDRESS 266 Fairway Circle				CITY-S				
TITLE Na	Naples, Florida 34110 □ DELETE		_	3.1 TITLE		<u>.</u>	☐ Change	Addition
		_	32	NAME				
NAME STREET ADDRESS					T ADDRESS	•		
CITY-ST-ZIP				CITY-S				
TITLE		☐ DELETE		TITLE		<del></del>	☐ Change	☐ Addition
NAME				NAME		•		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			1.0					
1 LU1-51-7P -1			4.4	CITY-S1	T-7IP			
TITLE		DELETE-		CITY-ST	T-ZIP		☐ Change	Addition

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 of the receiver of the 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, it on an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

1/28/99

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90001 009 \*\*\*150.00

- 1 (43)(40) (10 (4)(1 (

Daytime Phone #

Change

Addition