05-07-1999 90173 043 ***158.75

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 # P98000094211

1. Corporation Name

ROYAL BUSINESS SERVICES, INC.

Principal Place of Business Mailing Address					1 (20((63) (10 (6)4) told delit delit delit desire and tract see see see see see see see see see se		
2198 MAIN STREET 2198 MAIN STREET SARASOTA FL 34237 SARASOTA FL 34237							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 11/06/1998
2. Principal Place of Business 2a. Mailing Address			s				4. FEI Number Applied For
21	1000 0, 200111000	26	├ 				65-0877 886 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22		27					5. Certificate of Status Desired Fee Required
City & State — — — — — — — — — — — — — — — — — — —		City & State	— ·				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country		Zip Country				-	This corporation owes the current year Intangible
24 25		29 30		· · · · · · · · · · · · · · · · · · ·	Personal Property Tax. Yes No		
	9. Name and Address of Curr	rent Registered Agent	···	81	T N/a		10. Name and Address of New Registered Agent
JAENSCH, P. CHRISTOPHER				6'	Na	me	
2198 MAIN STREET				82	Str	eet Addre	ress (P.O. Box Number is Not Acceptable)
SARASOTA FL 34237				83			
				84	Cit	y	FL 85 Zip Code
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli 	ite of Florida. Such change igations of, Section 607.05	was authorize 05, Florida Sta	ed by itutes	the c	orporatio	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
40	Signature, typed or printed name of registered a	agent and title if applicable. AND DIRECTORS	(NOTE: Register		nt signa	ture required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DEL DEL		TILE		T	Change ☐ Addition
NAME	KUTZNER, VIOLA		1	1.2 NAME			_ , _
STREET ADDRESS	ALEXANDERPLATZ 6		1	STREET	TADOR	ESS	
CITY-ST-ZIP	10178 BERLIN GERMANY			CITY-S1			_
TITLE	D	□ DEL		2.1 TITLE			Change Additio
NAME	KELLNER, ULRICH		2.2	2.2 NAME		Ì	
STREET ADDRESS	ALEXANDERPLATZ 6			STREET	T ADDR	ESS	
CITY-ST-ZIP	10178 BERLIN GERMANY			CITY-S	ST-ZIP		
TITLE		□ DET		TITLE			Change Addition
NAME				NAME			
STREET ADDRESS				STREET		ESS	
CITY-ST-ZIP		☐ DEL		CITY-S	T-ZIP	-	☐ Change ☐ Additio
TITLE		רו הבר				1	
NAME				NAME STREET	T & D.D.E	-ce	
STREET ADDRESS				CITY-S		233	
CITY-ST-ZIP TITLE		□ DEŁ		TITLE	1-217		Change Addition
NAME				NAME			
STREET ADDRESS			5.3	STREET	T ADDR	ESS	
CITY-ST-ZIP			5.4	CITY-ST	T-ZIP		
TITLE		☐ DEL	ETE 6.1	TITLE			☐ Change ☐ Additio
NAME			6.2	NAME			
			63	STREET	TADDE	ESS	

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 populate 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 REWURLEW DIV. 04-15-99 +49-30-24 303 148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LICELY Kellner

Date

Daylime Phone #

CR2E034 (11/98)