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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S28622 (6)

1. Corporation Name
ROYAL PALM ACQUISITION CORPORATION

Principal Place of Business
3180 TREMONT AVENUE
TREVOSE PA 19053

Mailing Address
4126 NORLAND AVENUE
BURNABY, B.C. CANADA V5G3S8



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1991		3a. Date of Last Report 05/10/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-2648926		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, LAWRENCE			1.2 NAME			
STREET ADDRESS	3180 TREMONT AVENUE			1.3 STREET ADDRESS			
CITY - ST - ZIP	TREVOSE PA 19053			1.4 CITY - ST - ZIP			
TITLE	VST	<input type="checkbox"/> DELETE		2.1 TITLE	CFO/S/T and not V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHANE, WILLIAM R			2.2 NAME			
STREET ADDRESS	3180 TREMONT AVENUE			2.3 STREET ADDRESS			
CITY - ST - ZIP	TREVOSE PA 19053			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOEWEN, RAYMOND L			3.2 NAME			
STREET ADDRESS	4126 NORLAND AVENUE			3.3 STREET ADDRESS			
CITY - ST - ZIP	BURNABY, B.C. CANADA V5G3S8			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HYNDMAN, PETER S			4.2 NAME			
STREET ADDRESS	4126 NORLAND AVENUE			4.3 STREET ADDRESS			
CITY - ST - ZIP	BURNABY, B.C. CANADA V5G3S8			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE: Peter S. Hyndman

1/13/97

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0528996

CR2E034 (9/96)