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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90012 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S28622**

1. Corporation Name  
**ROYAL PALM ACQUISITION CORPORATION**



Principal Place of Business  
3190 TREMONT AVENUE  
TREVOS PA 19053

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1991

4. FEI Number

23-2648926

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OT 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE  
NAME MILLER, LAWRENCE  
STREET ADDRESS 3190 TREMONT AVENUE  
CITY-ST-ZIP TREVOS PA 19053

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME PAUL WAGLER  
1.3 STREET ADDRESS 4126 NORLAND AVENUE  
1.4 CITY-ST-ZIP BURNABY, B.C., CANADA V5G 3S3

TITLE P ☐ DELETE  
NAME CASHNER, JEFFREY L.  
STREET ADDRESS 801 TEAS ROAD  
CITY-ST-ZIP CONROE TX 77303

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME SEAN M. GILCHRIST  
2.3 STREET ADDRESS 801 TEAS ROAD  
2.4 CITY-ST-ZIP CONROE, TX 77303

TITLE D ☒ DELETE  
NAME LOEWEN, RAYMOND L.  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY-ST-ZIP BURNABY, B.C. CANADA V5G3S8

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME PETER B. GRAY  
3.3 STREET ADDRESS 3190 TREMONT AVENUE  
3.4 CITY-ST-ZIP TREVOS, PA 19053

TITLE DAS ☐ DELETE  
NAME HYNDMAN, PETER S  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY-ST-ZIP BURNABY, B.C. CANADA V5G3S8

4.1 TITLE ST ☐ Change ☒ Addition  
4.2 NAME GEORGE M. AMATO  
4.3 STREET ADDRESS 4145-58TH STREET  
4.4 CITY-ST-ZIP WOODSIDE, NY 11377

TITLE VP ☒ DELETE  
NAME WAIMBERG, PAUL  
STREET ADDRESS 3190 TREMONT AVENUE  
CITY-ST-ZIP TREVOS PA 19053

5.1 TITLE AS ☐ Change ☒ Addition  
5.2 NAME JOSEPH T. HARDIMAN  
5.3 STREET ADDRESS 801 TEAS ROAD  
5.4 CITY-ST-ZIP CONROE, TX 77303

TITLE ST ☒ DELETE  
NAME ROLLINGS, GREGORY K.  
STREET ADDRESS 681 NORTH AVENUE  
CITY-ST-ZIP JONESBORO GA 30236

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**

PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0001616