

**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 # S81109**

1. Corporation Name  
**ROYAL PALM CENTRE II, INC.**



Principal Place of Business: 100 SECOND AVE. SOUTH SUITE 800 ST. PETERSBURG FL 33701  
Mailing Address: 100 SECOND AVE. SOUTH SUITE 800 ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/16/1991**

4. FEI Number: **59-3084389** 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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**YOUMANS, CHRISTOPHER S.**  
100 2ND AVE S, STE 800  
ST. PETERSBURG FL 33701

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

12. OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>HOUGH, WILLIAM R.</b>	
STREET ADDRESS: <b>100 2ND AVE S. STE 800</b>	
CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>	
TITLE: <b>PTAS</b>	<input type="checkbox"/> DELETE
NAME: <b>YOUMANS, CHRIS</b>	
STREET ADDRESS: <b>100 2ND AVE S. STE 800</b>	
CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE
NAME: <b>FEINBERG, HELEN H.</b>	
STREET ADDRESS: <b>100 2ND AVE S. STE 800</b>	
CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE
NAME: <b>HOUGH, W. ROBB JR.</b>	
STREET ADDRESS: <b>100 2ND AVE S. STE 800</b>	
CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: **1/8/99** DAYTIME PHONE #: **727 895 8851**

CR2E034 (11/98)