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

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90028 020 ***150.00

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DOCUMENT #	COERNO
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1. Corporation Name

ROYALE MARKETING, INC.

Principal Place	e of Business	Mailing Address					
5415 LAKE HOV	VEL RD	5415 LAKE HOWELL RD					
STE 227	STE 227				DO NOT WRITE IN THIS SPACE		
WINTER PARK F	FL 32792	EWINTER PARK FL 32792 US			3. Date Incorporated or Qualifed	3 01 7 102	
US		03			10/07/1991		
		La Marillana Adalana			4, FEI Number		applied For
	lace of Business	2a. Mailing Address			1 "	→	lot Applicable
21		26			59-3092716		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
22		27			6. Election Campaign Financing Trust Fund Contribution		
City & State	e	City & State	_V_\N	O & DEFOR	6. Election Campaign Financing	•	May Be
23		28 Winter ra	<u> </u>	winter	Trust Fund Contribution		to Fees
Zip	Country	^{Zip} .			8. This corporation times the current year in		No.
24	25		30		Personal Property Tax.	☐ Yes	None -
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
	N 1.1.1. OD 110 O		81	Name			
	RLMAN, CRAIG S.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
l -	HIGHLAND AVE			<u> </u>			
	E 900		83	[ľ
ORL	ANDO FL 32802		0.4	-		85 Zip	Code
			84	1	FI	L	
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	s, the abov	e-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing i	ts registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corporatio	on's board of directors. I hereby accept the appo	ointment as i	registered
agent. i a	m familiar with, and accept the obligat	ions of, Section 607.0303, Flor	iua Statutes	•			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE:	Registered Age	nt signature required	d when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	
NAME	BENDER, SCOTT N.		1.2 NAME	Í			
]	5415 LAKE HOWELL RD STE 2	07		T ADDRESS			Ì
STREET ADDRESS	I =	21					
CITY-ST-ZIP	WINTER PARK FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-210		Change	Addition
TITLE							
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			ĺ
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		ClChange	e Addition
TITLE		☐ DELETE	3.1 TITLE			Change	
NAME			3.2 NAME	1	•		Į.
STREET ADDRESS			3,3 STREE	TADDRESS			
CITY-ST-ZIP			3.4 CITY-	ST-ZIP		F-5 =:	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4, 2 NAME				!
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	Ì			
[5.3 STREE	TADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	e Addition
	1		6.2 NAME			~	_
NAME				T ADDRESS			
STREET ADDRESS				ļ			
			6.4 CITY-5	1-/IP L			

4. I hereby certify that the information supplied with this filing does not quality 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 appearment with an address, with all other like empowered.

SIGNATURE:

5/99 40

407-260-9123

Daytime Phone #