

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



REVENUE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

DOCUMENT # **V20888**

(6)

ROYAL TRAN, INC.

1703 TONI STREET
PENSACOLA FL 32504

184 N. KING ST.
201B
HONOLULU HI 96817

(PRINT OR WRITE IN THIS SPACE)

3. Date incorporated or Qualified		3a. Date of Last Report	
03/13/1992		08/26/1994	
4. FID Number		Applied For	
59-3107742		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under 15-11907, Florida Statutes		Yes ☐ No ☐	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
HIEN, TRAN 1703 TONI ST. PENSACOLA FL 32504		<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number or Post Office)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>		81. Name		82. Street Address (P.O. Box Number or Post Office)		83. City		84. State	FL	85. Zip Code	
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11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by Chapter 190, Florida Statutes. I am authorized to make, execute and file this report on behalf of the corporation.

12. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND SHAREHOLDERS

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same long after I and my successors have left the corporation. I am authorized to make, execute and file this report on behalf of the corporation.

SIGNATURE: *[Signature]* 5/8/95 (88)5371197

APPROVED
AND
FILED

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 DOI: 10.1177/0095687406288111

(5)

CHECKS USA, INC.

7301 WEST PALMETTO PARK ROAD
BOCA RATON FL 33433

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

3. Date of Application for Admission 03/16/1992	3a. Date of Last Request 03/10/1994		
4. File Number 65-0320120	<table border="1"> <tr> <td>Applying Fee</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applying Fee	Not Applicable
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Not Applicable			
5. Amount of Student Request ☐	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
8. Does corporation have liability for intangible tax under S. 1991(a)? Franchise tax ☐ Web ☐ Net ☐			

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

B1	Name	
B2	Street Address (P.O. Box Number is Not Acceptable)	
B3		
B4	FL	B5 Zip Code

11. It is agreed in this program that the Government of the United States shall be authorized to make the above report upon the subject, this authorized for the purpose of changing its respected officer or supervisor upon the basis of the report. The report was submitted to the competent authorities of the Government, on April 11, 1944, and the applicant is considered as a person who has been discharged from the service of the Government.

2013 10 23 10:11:11

12.

P
SHERRY, JONATHAN
7301 W. PALMETTO PARK RD
BOCA RATON FL

13. ADDITIONS, CHANGES, TO OFFICERS, AND DIRECTORS, ETC.

1	NAME	PRESIDENT	☒ Change	☐ Add/Info
2	ADDRESS	SEACREST, SHORELY		
3	CITY/STATE/ZIP	73614 West Alhambra Park Road		
4	PHONE	Boca Raton, Florida 33433	☐ Change	☐ Add/Info
5	DATE			
6	CITY/STATE/ZIP		☐ Change	☐ Add/Info
7	NAME			
8	CITY/STATE/ZIP			
9	DATE			
10	CITY/STATE/ZIP		☐ Change	☐ Add/Info
11	NAME			
12	CITY/STATE/ZIP			
13	DATE			
14	CITY/STATE/ZIP		☐ Change	☐ Add/Info
15	NAME			
16	CITY/STATE/ZIP			
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21	DATE			
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23	NAME			
24	CITY/STATE/ZIP			
25	DATE			
26	CITY/STATE/ZIP		☐ Change	☐ Add/Info
27	NAME			
28	CITY/STATE/ZIP			
29	DATE			
30	CITY/STATE/ZIP		☐ Change	☐ Add/Info

[illegible]

SIGNATURE: *y*

MANUAL AND TYPED OR PRINTED NAME OF RECORD OFFICER OR CLERK

Johnathan Sherry, President

5/8/45 409 338 7775

