## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V25309

(8)

ROYAL PLUM RENTALS PARTNERS, INC.

Principal Place of Business Mailing Address							1   100    \$41,610    14061    61,650    141,61    60,410    70,11	OLEH BABIA BIB		
UNIT NUMBER 183 COOO PLU MARATHON FL	NIT NUMBER 1 33 COCO PLUM DR. ARATHON FL 33050-4011	ICO PLUM DR.								
			: !				3. Date Incorporated or Qualified 3a. Date of Last Report 03/30/1992 03/18/1996			
2. Principal P	iace of Business	2a.	. Mailing Address			··	4. FEI Number	1 00/ 10		oplied For
a k		26					65-0319780 Not Applicat			
Suite, Apt	#, etc.		Suite, Apt. #, etc.	!			5. Certificate of Status Desired		\$8.75	Additional
22							5. Certificate of Status Desired		Fee Re	quired
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip	Country		Z(p	Co	uritry	y	8. This corporation has liability for f	ntangible ta	x under s	. 199.032,
4	25	29		30	<b></b>			Yes [		
	9. Name and Address of Current	Regis	stered Agent		-	7	10. Name and Address of New Re	gistered Ag	ent	
	PIN, ROBERT H.			:	81	Name				
133 COCO PLUM DRIVE UNIT NUMBER 1			:			Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	ATHON FL 33050			:	83					
					84	City			ar Zun (	Codo
				:	64	City		FL	. <b>85</b> Zip (	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	end 6 of Flori tions o	307.1508, Florida Statu ida. Such change was if, Section 607.0505, Fl	tes, the a authorize orida Sta	abov ed by alute	e-named cor y the corpora s.	poration submits this statement for the p ation's board of directors. Thereby accep	urpose of c of the appoir	nanging it ntment as	s registered registered
SIGNATURE										
12.	Signature, typed or printed name of registered agen OFFICERS AND			IE: Register		ent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE FOR AND F	VIDEOTOE	O IN 10
TITLE	PID	UIIIL	DELETE		TITLE		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	PIPPIN, ROBERT H.				NAME			L	, change	Modition
STREET ADDRESS	133 COCO PLUM DR. UNIT 1					T ADDRESS				
CITY-ST-ZIP	MÁRATHON FL									
TITLE	SVD		☐ DELE1E		TITLE	ST-ZIP			Change	Addition
NAME	PIPPIN, NINA LEA				NAME			-	T DIIIII Do	L. Houldon
STREET ADDRESS	133 COCO PLUM DR UNIT 1			1		T ADDRESS				
CITY-SY-ZIP	MARATHON FL					ST-ZIP				
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NAME			<del>_</del>	1	NAME	1		_		
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STREET ADDRESS						T ADDRESS				
WHITE PARTITION				0.3	JUILL	,				

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.