

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REBATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 AUG -1 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V27098 (5)**  
1. Corporation Name  
**ROYAL BUILDING & PROPERTY MAINTENANCE, INC.**

Principal Place of Business: 1298 WYNNEWOOD DR WEST PALM BEACH FL 33417  
Mailing Address: 13315 24TH CT LOXAHATCHEE FL 33470 US

DO NOT WRITE IN THIS SPACE.

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>04/08/1992</b>  | 3a. Date of Last Report<br><b>04/22/1994</b>           |
| 4. FEI Number<br><b>65-0341328</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Country             |
| 24                             | 25                  |
| Zip                            | Country             |
| 29                             | 30                  |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>CORONA, RICHARD J.<br/>13315 24TH COURT<br/>LOXAHATCHEE FL 33470</b> | 10. Name and Address of New Registered Agent          |
|  | 81 Name   |
|  | 82 Street Address (P.O. Box Number is Not Acceptable) |
|  | 83  |
|  | 84 City   |
|  | 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: Richard J. Corona Pres. 7/25/95  
Signature, typed or printed name of registered agent and title in application (NOTE: Registered Agent signature required when reinstating)

|                            |                    |   |   |
|----------------------------|--------------------|---|---|
| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | PSD                | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CORONA, RICHARD J. | 12 NAME   |   |
| STREET ADDRESS             | 13315 24TH COURT   | 13 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | LOXAHATCHEE FL     | 14 CITY - ST - ZIP                                    |   |
| TITLE                      |                    | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 22 NAME   |   |
| STREET ADDRESS             |                    | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                    | 24 CITY - ST - ZIP                                    |   |
| TITLE                      |                    | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 32 NAME   |   |
| STREET ADDRESS             |                    | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                    | 34 CITY - ST - ZIP                                    |   |
| TITLE                      |                    | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 42 NAME   |   |
| STREET ADDRESS             |                    | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                    | 44 CITY - ST - ZIP                                    |   |
| TITLE                      |                    | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 52 NAME   |   |
| STREET ADDRESS             |                    | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                    | 54 CITY - ST - ZIP                                    |   |
| TITLE                      |                    | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 62 NAME   |   |
| STREET ADDRESS             |                    | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                    | 64 CITY - ST - ZIP                                    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 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.

SIGNATURE: Richard J. Corona Pres. 7/25/95 (407) 791 1211  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date and Phone #)

CR2E034 (3/95)