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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # V28379**

ROYAL ENVIRONMENTAL SERVICES, INC.

Principal Place of Business Mailing Address 5215 SUFFOLK DRIVE 5215 SUFFOLK DRIVE **BOCA RATON FL 33496** BOCA RATON FL 33496-1642 3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1992 02/12/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0324866 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Ves No 25 Florida Statutes 29 30 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name BANKIER, M. ADAM 4800 N FEDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105E 83 **BOCA RATON FL 33431** 84 City 85 Zio 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 Signature, typed or punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change GODFREY, BILL NAME 1.2 NAME 5215 SUFFOLK DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST- 7/E 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY - ST - ZIF 2. 4 CITY - \$T - ZIP TITLE DELETE \_\_\_ Addition 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY - ST- ZIP 3.4. CITY+ST-ZIP DELETE TITLE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ■ DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY - ST - ZIP

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

WALLIAM GODFREY 2/5/97 5819977976

FILED

Feb 11 1997 8:00am

Secretary of State