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 # V43192

(6)

ROYALMOUNT, INC.

FILED							
May 07 1997 8:00am							
Secretary of State							

HOTALINOUNT; 1140						
Principal Piace of Business	. Mailing Address			}	Dibil Biliti Stan Didii Oil	FFI TAULIF FEEL
1850 CLASSIC DR. 1850 CLASSIC DR. CORAL SPRINGS FL 33071-7753						
				3. Date incorporated or Qualified 06/12/1992	3a. Date of Last 06/19/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	26			65-0342028		Not Applicable
Suite, Apt. #, etc	Suite, Apt, #, etc.	<u> </u>		5. Certificate of Status Desired		Additional
22		27			· · · · · · · · · · · · · · · · · · ·	Required
City & State		City & State		6. Election Campaign Financing		O May Be d to Fees
23	Z _I p			Trust Fund Contribution		
24 25		— — — ·		8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes		
	of Current Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10. Name and Address of New Re	pistered Agent	
POMPIS, DAVID		81	Name			
1850 CLASSIC DR.		82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
CORAL SPRINGS FL 33071						
		83				
		84	Cily		FL 85 Zi	p Code
 Pursuant to the provisions of Section office or registered agent, or both, in 	ns 607,0502 and 607,1508, Florida Statute n the State of Florida, Such change was a	es, the above- authorized by t	named corp	poration submits this statement for the place bion's board of directors. I hereby accept	7	its registered as registered
agent. I am familiar with, and accep	t the obligations of, Section 607.0505, Flo	orida Statutes.				
S:GNATURE Schooling Street or product pages of	rugistered agent and title if applicable (NOTE	E Registered Agent	signature requir	red when reinstating)	DATE	
	ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
TITLE D	DELETE				☐ Change	Addition
NAME POMPIS, DAVID		1.2 NAME				
STREET ADDRESS 1850 CLASSIC DR.		1,3 STREET A	DDRESS			ŀ
City-83-2iP CORAL SPRINGS FL		1.4 CITY - ST -	ZIP			
TITLE	DELETE	2.1 TITLE			☐ Change	e L_] Addition
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET A	- 1			
City-St-7iP	T DELETE	2.4 CITY-ST 3.1 TITLE	-ZIP		Change	e Addition
TITLE NAME					change	, Magistra
NAMI CTUDE T ADDIBUCCO		3.2 NAME	DOUGE			
STREET ANDRESS		3.3 STREET A	ſ	•		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST 4.1 TITLE	-7IL		Change	e Addition
NAME		4. 2 NAME	İ			
SIREFI ADORESS		4.3 STREET A	DORESS			
City-S1-ZiF		4.4 CITY-ST-				
TIFLE	☐ DELETE	5.1 TITLE			☐ Chang	e Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET A	.DDRESS			
CHY-ST 20F		5.4 CITY - ST-]			
TITLE	DELETE	6.1 TITLE			Chang	e Addition
*¿AMf	·	6.2 NAME				ŀ
STREET ADORESS		6.3 STREET A	.DDRESS			
CHY-S1-Zif-		6.4 CHTY+ST+	ZIP			

4. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of on an attachment with an address.

SIGNATURE: SIGNATURE AND

GNATURE AND TYPED OR PRINTED NAME OF STRUMO OFFICER OR DIRECTOR

4/22/97

847 - 990 ·

CR2E034 (9/96)