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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V71713** **(4)**

1. Corporation Name

ROYAL CROWN CARTING, INC.

Principal Place of Business	Mailing Address
~~3583 W HILLSBORO BLVD~~ ~~SUITE 109~~ ~~DEERFIELD BEACH FL 33442~~	~~3583 W HILLSBORO BLVD~~ ~~SUITE 109~~ ~~DEERFIELD BEACH FL 33442~~

3. Date Incorporated or Qualified: 10/13/1992
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business
21: 11695 SW 328th St.
22: Suite, Apt. #, etc
23: Homestead FL
24: Zip 33090 — 25: Country US

2a. Mailing Address
26: P.O. Box 60188
27: Suite, Apt. #, etc.
28: Homestead FL
29: Zip 33033 — 30: Country US

4. FEI Number: 65-0306783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~WESTON, STEVEN J~~
~~3583 W HILLSBORO BLVD~~
~~SUITE 109~~
~~DEERFIELD BEACH FL 33442~~

10. Name and Address of New Registered Agent

81 Name: LAZ L. SCHNEIDER, ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 100 N.E. 3RD AVENUE SUITE 400
83:
84 City: FT. LAUDERDALE — FL — 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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] 5/22/96
Signature of, or typed or printed name of, the new Registered Agent — NOTE: Registered Agent signature required when adding or changing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PM~~	☒ DELETE	11 TITLE	PRES.	☒ Change ☐ Addition
NAME	~~WESTON, STEVEN J~~		12 NAME	T ALEC RIGBY	
STREET ADDRESS	~~3583 W. HILLSBORO BLVD.~~		13 STREET ADDRESS	150 S. PINE ISLAND RD	
CITY-ST-ZIP	~~DEERFIELD BEACH FL 33442~~		14 CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		☐ DELETE	21 TITLE	VICE-PRES.	☒ Change ☐ Addition
NAME			22 NAME	GARY KABOT	
STREET ADDRESS			23 STREET ADDRESS	150 S. PINE ISLAND RD	
CITY-ST-ZIP			24 CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		☐ DELETE	31 TITLE	SECRETARY	☒ Change ☐ Addition
NAME			32 NAME	PHILIP KABOT	
STREET ADDRESS			33 STREET ADDRESS	150 S. PINE ISLAND RD.	
CITY-ST-ZIP			34 CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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)(k), 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: Philip Kabot - Philip KABOT, Sec 4/14/96 954-370-9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #