

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P24886** (4)
1. Corporation Name
ROYAL ALLIANCE ASSOCIATES, INC.



Principal Place of Business: **733 THIRD AVE 4TH FLOOR NEW YORK NY 10017 US**
Mailing Address: **733 THIRD AVE 4TH FLOOR NEW YORK NY 10017 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields for State, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/20/1989**
3a. Date of Last Report: **06/20/1995**
4. FEI Number: **93-0987232**
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: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent (81-84):
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 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: _____ DATE: _____
Signature must be in ink and must be legible and must be of the individual registered agent (signature not to be removed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COHEN, HYMAN		1.2 NAME: _____	
STREET ADDRESS: 733 THIRD AVENUE		1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: NEW YORK NY		1.4 CITY-ST-ZIP: _____	
TITLE: SV	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCINERNEY, BARBARA		2.2 NAME: _____	
STREET ADDRESS: 733 THIRD AVENUE		2.3 STREET ADDRESS: _____	
CITY-ST-ZIP: NEW YORK NY		2.4 CITY-ST-ZIP: _____	
TITLE: T	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROTHSTEIN, STEVEN		3.2 NAME: _____	
STREET ADDRESS: 733 THIRD AVENUE		3.3 STREET ADDRESS: _____	
CITY-ST-ZIP: NEW YORK NY		3.4 CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KART, GARY		4.2 NAME: _____	
STREET ADDRESS: 733 THIRD AVENUE		4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: NEW YORK NY		4.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 officer 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 any addition with an address.

SIGNATURE: *[Signature]* CFO, + Treasurer **2/6/96** **800 821-5105**
Signature and Type or Printed Name of Signing Officer or Director

CR2E034 (12/95)