

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F94000003193 (9)**

1. Corporation Name

**ROMA FRANCHISE CORPORATION**



Principal Place of Business

Mailng Address

9304 FOREST LANE  
SUITE 200  
DALLAS TX 37543  
US

9304 FOREST LANE  
SUITE 200  
DALLAS TX 75231  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24 25

29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

3. Date Incorporated or Qualified **06/17/1994** 3a. Date of Last Report **02/21/1995**

4. FEI Number **75-2402837** 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

10. Name and Address of New Registered Agent

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 607.06(2) and 607.150(1), 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 607.06(2), Florida Statutes.

SIGNATURE

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>P</b> <input type="checkbox"/> DELETE
2. NAME	<b>PAGE, ROBERT B.</b>
3. STREET ADDRESS	<b>9304 FOREST LANE, SUITE 200</b>
4. CITY, ST, ZIP	<b>DALLAS TX</b>
5. TITLE	<b>VS</b> <input type="checkbox"/> DELETE
6. NAME	<b>SHORT, DAVID G</b>
7. STREET ADDRESS	<b>9304 FOREST LANE SUITE 200</b>
8. CITY, ST, ZIP	<b>DALLAS TX</b>
9. TITLE	<b>VT</b> <input checked="" type="checkbox"/> DELETE
10. NAME	<b>SCHWARTZ, JAMES K</b>
11. STREET ADDRESS	<b>100 N. PINE</b>
12. CITY, ST, ZIP	<b>PITTSBURG KS 66762</b>
13. TITLE	<input type="checkbox"/> DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> DELETE
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**VT**  
**Troy D. Cook**  
**720 W. 20th Street**  
**Pittsburg, KS 66762**

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 Book 12 or Book 13 if changed, or on or after a filing with an address.

SIGNATURE: by: *David G Short*  
SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**David G Short, Vice President**

2-9-96

214-343-7800

CR2E034 (12/95)