

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K50472 (5)**

1. Corporation Name  
**ROMINE, INC.**



Principal Place of Business: **% JANIS D. ROMINE 1030 BLUEGRASS LANE ROCKLEDGE FL 32955**  
Mailing Address: **% JANIS D. ROMINE 1030 BLUEGRASS LANE ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified: **12/12/1988**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-2919934**  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-29)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country  
25. Country  
26. Suite, Apt. #, etc.  
27. City & State  
28. City & State  
29. Zip Country  
30. Country

9. Name and Address of Current Registered Agent  
**ROMINE, JANIS D.  
1030 BLUEGRASS LANE  
ROCKLEDGE FL 32955**

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 607.0502 and 607.1008, 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: *Janis D. Romine*

3/15/96

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROMINE, JAMES A.	
STREET ADDRESS	1030 BLUEGRASS LANE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROMINE, JANIS D.	
STREET ADDRESS	1030 BLUEGRASS LANE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHAROUN, CHERYL A.	
STREET ADDRESS	4180 HICKORY LAKE COURT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SCHAROUN, MICHAEL	
STREET ADDRESS	4180 HICKORY LAKE COURT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

11 TITLE	SOC + TREAS DS/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janis D. Romine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

407-632-7054  
Daphne Powell

CR2E034 (12/95)