

CORPORATION ANNUAL REPORT

1997



Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED

May 08 1997 8:00am
Secretary of State

DOCUMENT # P93000004099(6)

1. Corporation Name

Amy B Romer CPA PA

Principal Place of Business

Mailing Address

950 SW 93 Ave
PLANTATION FL SAME

3. Date Incorporated or Qualified

3a. Date of Last Report

01/19/93

5/1/96

21. Principal Place of Business

2a. Mailing Address

22. State, Apt. #, etc.

26. State, Apt. #, etc.

23. City & State

27. City & State

24. Zip

Country

28. Zip

Country

4. FEIN/ID#

Applied For

650381583

Not Applied

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. 189.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Romer Amy B
950 SW 93 Ave
PLANTATION, FL 33324

81. Name

82. Street Address (P.O. Box Number & 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

Signature, typed or printed name of registered agent and the address.

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: D Amy B Romer DELETE
2. NAME: 950 SW 93 Ave
3. STREET ADDRESS: PLANTATION FL 33324

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

4. TITLE: DELETE
5. NAME:
6. STREET ADDRESS:
7. CITY-ST-ZIP:

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

8. TITLE: DELETE
9. NAME:
10. STREET ADDRESS:
11. CITY-ST-ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

12. TITLE: DELETE
13. NAME:
14. STREET ADDRESS:
15. CITY-ST-ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

16. TITLE: DELETE
17. NAME:
18. STREET ADDRESS:
19. CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

20. TITLE: DELETE
21. NAME:
22. STREET ADDRESS:
23. CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

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-05/19/97--01008--040
***165.00

05/18/97

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 my address.

SIGNATURE: Amy B Romer President 4/30/97 954-584-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE