

1997



FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # P95000002276 (0)

1. Corporation Name
AMY ROMER, INC.

Principal Place of Business
950 SW 93 AVE
PLANTATION FL 33324

Mailing Address
950 SW 93 AVE
PLANTATION FL 33324

3. Date Incorporated or Qualified
01/09/1995

3a. Date of Last Report
5/1/97

2. Principal Place of Business
21. State, Apt. #, etc.

2a. Mailing Address
26. State, Apt. #, etc.

4. FEI Number
15-6547083

Applied For
Not Applied

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. Zip

28. Zip

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Country

29. Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLSTON, TODD W
8211 W BROWARD BLVD
SUITE 375
PLANTATION FL 33324

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 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

5. Print, typed or printed name of registered agent and the if applicable

NOTE: Registered Agent signature required when reinstating!

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME ROMER, AMY
STREET ADDRESS 950 SW 93 AVE
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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***165.00

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 119.0713(4), 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 in person; 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:

Amy B. Romer, President

4/30/97

584-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CS 5/8/97