

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morinam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 11:40

DOCUMENT # **V40057** (4)
1. Corporation Name
ROOMS ETC, INC.

Principal Place of Business Mailing Address
5509 BAY LAGOON CIRCLE **5509 BAY LAGOON CIRCLE**
ORLANDO FL 32819 **ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/29/1992** 3a. Date of Last Report **06/28/1994**
4. FEI Number **59-3127548** 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

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

9. Name and Address of Current Registered Agent
FITCH, GRACE
5509 BAY LAGOON CIRCLE
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name **FITCH, GRACE**
82 Street Address (P.O. Box Number is Not Acceptable) **5509 Bay Lagoon Circle**
83
84 City **Orlando** FL 85 Zip Code **32819**

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 title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	NAME FITCH, GRACE	1.1 TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5509 BAY LAGOON CIR.	CITY-ST-ZIP ORLANDO FL	1.2 NAME Fitch, GRACE	
		1.3 STREET ADDRESS 5509 Bay Lagoon Cir.	
		1.4 CITY-ST-ZIP Orlando, Fl. 32819	
TITLE TD	NAME FERNANDEZ, CARLOS	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5509 BAY LAGOON CIR.	CITY-ST-ZIP ORLANDO FL	2.2 NAME Fernandez, Carlos	
		2.3 STREET ADDRESS 5509 Bay Lagoon Cir.	
		2.4 CITY-ST-ZIP Orlando, Fl. 32819	
TITLE	NAME	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME Fernandez, Carlos F. Jr	
CITY-ST-ZIP		3.3 STREET ADDRESS 5509 Bay Lagoon Cir.	
		3.4 CITY-ST-ZIP Orlando, Fl. 32819	
TITLE	NAME	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME Fernandez, GRACE J.	
CITY-ST-ZIP		4.3 STREET ADDRESS 5509 Bay Lagoon Cir.	
		4.4 CITY-ST-ZIP Orlando, Fl. 32819	
TITLE	NAME	5.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME Fernandez, VANESSA J.	
CITY-ST-ZIP		5.3 STREET ADDRESS 5509 Bay Lagoon Cir.	
		5.4 CITY-ST-ZIP Orlando, Fl. 32819	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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 110.07(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 an addition.

SIGNATURE: *[Signature]* DATE: **1/29/98** (407) 351-6291