


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000018611 (9)**

1. Corporation Name
ROMA AUTO SALES, INC.

Principal Place of Business
**6803 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32810**

Mailing Address
**6803 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32810**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/26/1996		3a. Date of Last Report N/A	
4. FEI Number 59-3363742		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21 710 So. Orange Blossom Tr Suite, Apt. #, etc.	2a. Mailing Address 26 710 So. Orange Blossom Tr Suite, Apt. #, etc.
22 City & State 23 Apopka, Florida	27 City & State 28 Apopka, Florida
24 Zip 32703	25 Country USA
29 Zip 32703	30 Country USA

9. Name and Address of Current Registered Agent WINDSOR, ARTHUR W 6803 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32810		10. Name and Address of New Registered Agent	
81 Name Arthur W. Windsor		82 Street Address (P.O. Box Number is Not Acceptable) 710 South Orange Blossom Trail	
83		84 City Apopka	
85 Zip Code FL 32703			

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  DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D WINDSOR, ARTHUR W	1.2 NAME	Patricia Ann Windsor
STREET ADDRESS	6803 N. ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS	710 South Orange Blossom Trail
CITY-ST-ZIP	ORLANDO FL 32810	1.4 CITY-ST-ZIP	Apopka, Florida 32703
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WALTERS, JAMES	2.2 NAME	
STREET ADDRESS	6803 N. ORANGE BLOSSOM TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MAYO, ROBERT	3.2 NAME	
STREET ADDRESS	6803 N. ORANGE BLOSSOM TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address.

SIGNATURE  DATE _____

CR2E034 (4/97)