

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
Sep 04 1997 8:00am
Secretary of State

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|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **S73191** (6)
1. Corporation Name
ROMARK INVESTMENTS, INC.



| | |
|---|--|
| Principal Place of Business 600 BYPASS DR. STE. #215 CLEARWATER FL 34624 US | Mailing Address BOX 2 SUITE 208 RR 2 ST ALBERT AL T8N1M US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 Box 2, Site 208 | | 3. Date Incorporated or Qualified 08/14/1991 | | 3a. Date of Last Report 07/15/1996 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 RR 2 | | 4. FEI Number 59-3095713 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| City & State 23 | | City & State 28 St. Albert; Ab. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip 24 | | Zip 29 T8N 1m9 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Country 25 | | Country 30 Canada | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent BOZMOSKI, JOHN, JR 600 BYPASS DR. STE. #215 CLEARWATER FL 34624 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | | 84 City | | | |
| 85 Zip Code | | | | FL | | | |

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

| | | | | | | | |
|----------------------------|-------------------------|---------------------------------|--|---|------------|--|-----------------------------------|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PTD | <input type="checkbox"/> DELETE | | 1.1 TITLE | SDT | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DUNN, ROBERT | | | 1.2 NAME | | | |
| STREET ADDRESS | 724 BAYWAY BLVD | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER, FL V | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | SDD | <input type="checkbox"/> DELETE | | 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FRANCIS, JEFFERY | | | 2.2 NAME | | | |
| STREET ADDRESS | 724 BAYWAY BLVD | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 _____ SIGNATURE REQUIRED **July 28 1997**

CR2E034 (4/97)