

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 352365 (1)  
1. Corporation Name  
**ROMIE'S, INC.**



Principal Place of Business: 1617 1/2 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119  
Mailing Address: 1617 1/2 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119

3. Date Incorporated or Qualified: 09/17/1969  
3a. Date of Last Report: 04/10/1995  
4. FEI Number: 59-1273864  
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  
21. City & State  
22. Suite, Apt. #, etc.  
23. Zip  
24. Country  
2a. Mailing Address  
26. City & State  
27. Suite, Apt. #, etc.  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**MURPHY, JEAN**  
1617 1/2 S. RIDGEWOOD AVENUE  
SOUTH DAYTONA FL 32019

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

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 re-registering)

12. OFFICERS AND DIRECTORS  
1. TITLE: PD  
2. NAME: MURPHY, JEAN  
3. STREET ADDRESS: 1617 1/2 RIDGEWOOD AVE  
4. CITY-ST-ZIP: SOUTH DAYTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. 1. TITLE  
2. 2. NAME  
3. 3. STREET ADDRESS  
4. 4. CITY-ST-ZIP  
5. 5. 1. TITLE  
6. 6. 1. TITLE  
7. 7. 1. TITLE  
8. 8. 1. TITLE  
9. 9. 1. TITLE  
10. 10. 1. TITLE  
11. 11. 1. TITLE  
12. 12. NAME  
13. 13. STREET ADDRESS  
14. 14. CITY-ST-ZIP  
15. 15. 1. TITLE  
16. 16. NAME  
17. 17. STREET ADDRESS  
18. 18. CITY-ST-ZIP  
19. 19. 1. TITLE  
20. 20. NAME  
21. 21. STREET ADDRESS  
22. 22. 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 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 an address.

SIGNATURE: *Jean Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JEAN MURPHY  
Date: 4-3-96  
Daytime Phone #: 904-767-4613

CFR2E034 (12/95)