FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 469773 (6) ROMO PROPERTIES, INC. Principal Place of Business Mailing Address 13 JOHANNA DR. 13 JOHANNA DR. HOLLAND PA 18966 HOLLAND PA 18966 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1975 2a. Mailing Address 2. Principal Place of Business Applied For 4711-57 59-1619284 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangiple Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COSTANZO, SARINO R. **SUITE 1001** Street Address (P.O. Box Number is Not Acceptable) 82 100 BISCAYNE BLVD., NORTH 83 City Zip Code 85 FI 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 réquired when reinstating) 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change ___ Addition FERGUSON, JOHN NAME 1.2 NAME R2E034 13 JOHANNA DRIVE STREET ADDRESS 1.3 STREET ADDRESS HOLLAND PA 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME STREET ADDRESS 2.3 STREFT ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE 6.1 TITLE Change Addition

6.2 NAME

IGNATI

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

STREET ADDRESS

SIGNATURE: _