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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

565740

(8)

FILED
Jan 30 1996 8:00 am
Secretary of State



| ROMA | CONSTRUCTION, | INC. |
|------|---------------|------|
|      |               |      |

Principal Place of Business 3862 SHERIDAN ST. HOLLYWOOD FL 33021 Mailing Address

3862 SHERIDAN ST. HOLLYWOOD FL 33021

|                                |   |           | •   |           |         |  |  | 3, Date incorporated or Qu                               | alined   | Ja. Date   |                              | •   |  |
|--------------------------------|---|-----------|---|-----------|---------|--|--|--|----------|------------|------------------------------|---|--|
| b Division Dia                 | as of Charles   | 7         | h d a la a a a a a a a a a a a a a a a a            |           |         |  |  | 01/30/1978   |          |            | 01/24,                       | · · · · · · · · · · · · · · · · · · ·         |  |
| 2. Principal Place of Business |   |           | a. Mailing Address<br>1                             |           |         |  | 4. FEI Number  |  |          | L          | Applied For                  |   |  |
| [21]                           |   | 26        | af  |           |         |  | 59-1850075   |  |          | L          | Not Applicable               |   |  |
| Suite, Apt. #, etc 22          |   | 27        | Suite, Apt. #, etc.                                 |           |         |  | 5. Certificate of Status Des                         | ired   |          | -, -       | 75 Additional<br>ee Required |   |  |
| Oity & State Oity & State      |   |           |   |           |         |  | 6. Election Campaign Financing \$5.00 May Be         |  |          |            |                              |   |  |
| [23]                           |   |           |   |           |         |  | Trust Fund Contribution Added to Fee                 |  |          |            | ded to Fees                  |   |  |
| Ζφ                             | Country   | —         | Z <sub>(i)</sub> Country <b>8.</b> This corporation |           |         |  | 8. This corporation has liab                         | ition has liability for intangible tax under s. 199.032, |          |            |                              |   |  |
| 24                             | 25  | 29        | 30 Florida Statutes Yes N                           |           |         |  |  | □ No   | No       |            |                              |   |  |
|                                | 9. Name and Address of Current                            | Regis     | tered Agent   |           | ļ.,,    |  |  | 10. Name and Address of                                  | New Ro   | gistered   | Agent                        |   |  |
|                                |   |           |   |           | 81      | Name   | 9  |  |          |            |                              |   |  |
| MURPHY, JOHN                   |   |           |   |           | 82      | 2 Street Address (P.O. Box Number is Not Acceptable) |  |  |          |            |                              |   |  |
| 3860 SI                        | 3860 SHERIDAN STREET                                      |           |   |           |         | 0000   | Tribet Address (F.O. Dox Mornicer is Not Addeptable) |  |          |            |                              |   |  |
|                                | WOOD FL 33021-3634  |           |   |           | 83      |  |  |  |          |            |                              | <del></del>                                   |  |
|                                |   |           |   |           |         |  |  |  |          |            |                              |   |  |
|                                |   |           |   |           | 84      | City   |  |  |          | FL         | 85                           | Zip Code                                      |  |
| 11. Pursuant to                | the provisions of Sections 607.0502                       | and 60    | 7.1508. Florida Statute                             | s the abo | JI      | l  | corporati  | ion submits this statement for                           | the nurr |            | · I l                        | te registered office                          |  |
| or registere                   | is agent, or both, in the State of Florid                 | a Sucr    | i change was authorize                              | d by the  | corp    | oration  | s board  | of directors. I hereby accept                            | the appo | intment as | registe                      | red agent. I am                               |  |
| Tarnilar wift                  | i, and accept the obligations of, Section                 | on 607.   | 0505, Florida Statutes.                             |           |         |  |  |  |          |            |                              | -   |  |
| S:GNATUR!                      | Signature: typication printed manne of registered agent a |           |   |           |         |  | ,,   | vhen reinstating)  |          |            |                              | Marie 200 100 100 100 100 100 100 100 100 100 |  |
| 12.                            | OFFICERS AND  | a comment | ···   | 13.       | a Agen  | it signature   | required w   |  | נט טבנוי | DATE       | DIDEC                        | TODO IN 40                                    |  |
| 10 LF                          | P   |           | DELETE  | 1.1       | TITLE   |  | · r  | ADDITIONS/CHANGES  | IO OFFI  |            | Chang                        |   |  |
| NAME                           | HILL, OLIN M  |           |   |           | -       |  |  |  |          | ı          |                              | le [] HDOIDH                                  |  |
|                                |   |           |   | 1.2 N     |         |  |  |  |          |            |                              |   |  |
| STHEE ADDRESS                  | 3862 SHERIDAN STREET                                      |           |   |           |         | ADDRESS  | 1  |  |          |            |                              | !   |  |
| Cl*+\$*-7IP                    | HOLLYWOOD FL  |           | - Delete  |           | IIY-S   | I - ZIP  |  |  |          |            |                              | -   |  |
| TITLE                          | C   |           | □ DELETE  | 2 1       |         |  |  |  |          | Į          | Chang                        | ge 🔲 Addition                                 |  |
| NAME COMPAGNONE, ANTHONY       |   |           | 2 2 NA  |           | AME     |  |  |  |          |            |                              |   |  |
| STREET ADDRESS                 | 3862 SHERIDAN STREET                                      |           |   | 238       | TREFT   | ADDRESS  |  |  | ٠.,      |            |                              |   |  |
| C IY-SI-Z₽                     | HOLLYWOOD FL  |           |   |           | ITY-S   | 1-21P  | <b>.</b>   |  | <u> </u> |            |                              |   |  |
| TIEF                           |   |           | DELETE  | 3 1 7     | TITLE   |  |  |  |          | [          | Chang                        | e 🔲 Addition                                  |  |
| NAME                           |   |           |   | 32 N      | AME     |  |  |  |          |            |                              |   |  |
| STREET ADDRESS                 |   |           |   | 3 3 5     | STREET  | ADDRESS  | 3  |  |          |            |                              |   |  |
| CHY-ST-ZP                      |   |           |   | 340       | JTY - S | T-ZIP  |  |  |          |            |                              |   |  |
| LUFF                           |   |           | DELETE  | 4 1 1     | TITLE   |  |  |  |          |            | Chang                        | je 🔲 Addition                                 |  |
| NAME                           |   |           |   | 4 2 N     | IAME    |  |  |  |          |            |                              |   |  |
| STREET ADDRESS                 |   |           |   | 4 3 S     | TREET   | ADDRESS  |  |  |          |            |                              |   |  |
| CHY ST-ZIP                     |   |           |   | 440       | ITY - S | T - 71P  |  |  |          |            |                              |   |  |
| THE                            |   |           | DELETE  | 5 1 7     | TITLE   |  | <u> </u>   |  |          | ſ          | Chang                        | e 🔲 Addition                                  |  |
| NAME                           |   |           |   | 52 N      | AME     |  |  |  |          | _          |                              | _   |  |
| STREET ADDRESS                 |   |           |   |           |         | ADDRESS  |  |  |          |            |                              |   |  |
| C(1) - S(1 - Z(F)              |   |           |   |           | ITY-S   |  |  |  |          |            |                              |   |  |
| Tille                          |   |           | D DELETE  | 611       |         | r - KIF  | <del> </del>   |  |          | r          | 7 Chang                      | je 🔲 Addition                                 |  |
| NAME                           |   |           | [ ] trees.t   |           |         |  | +  |  |          | Ŀ          |                              | lo 🗖 voquititi                                |  |
| 1                              |   |           |   | 62 N      |         |  |  |  |          |            |                              |   |  |
| STREET ADDRESS                 |   |           |   |           |         | ADDRESS  |  |  |          |            |                              |   |  |
| CHY ST ZIF                     |   |           |   | 640       | ITY-S   | I - ZiP  |  |  |          |            |                              |   |  |

14. I do noted by certify that the information supplied with this filmons 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 agricultance of supplication and supplied that I am an officer or director of the concentration indicated on the same legal effect as if made under oath. That I am an officer or director of the concentration in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if cyninged or or a great activation in the same legal effect as if made under appears in Block 13 if cyninged or or a great activation in the same legal effect as if made under appears in Block 13 if cyninged or or a great activation in the same legal effect as if made under appears in Block 12 or Block 13 if cyninged or or a great activation in the same legal effect as if made under appears in Block 12 or Block 13 if cyninged or or a great activation in the same legal effect as if made under a great activation in the same legal effect as if we have the same legal effect as if we h

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

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