KOPPEN, WATKINS, PARTNERS & ASSOCIATES A Professional Association Attorneys At Law

1025 South (Old) Dixie Highway Delray Beach, Florida 33483 Telephone: (561) 279-9872 Facsimile: (561) 279-9873

R. DANIEL KOPPEN ATTORNEY AT LAW

700(

October 19, 2001

SECRETARY OF STATE **DIVISION OF CORPORATIONS** P O BOX 6327 TALLAHASSEE, FLORIDA 32314

RE: ROM & ROM, INC. DOC NUMBER: 663933

Dear Sir or Madam:

Enclosed find: (1) One, signed Statement of Change and (2) Our trust check for

\$35.00, representing the required filing fee.

Very truly yours,

KOPPEN, WATKINS, PARTNERS & ASSOCIATES a Professional Association

R. Daniel Koppen



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ROIRA Change 10/25/01

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation :_____ROM & ROM, INC.

2. The mailing address of the corporation : 15540 WINKFIELD CIRCLE

ET. LAUDERDALE, FLORIDA 33331

3. Date of incorporation/qualification: <u>1023-80</u> Document number: <u>663933</u>

4. The name and address of the current registered agent and office:

R. DANIEL KOPPEN

700 NE 90th Street

Miami, Florida 33138

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

> MARIE ROM 15540 WINKFIELD CIRCLE FT. LAUDERDALE, FLORIDA 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so asthorized by the board

1 Marie Tom	9-26-01
(Signature of an officer, chairman or vice chairman of the board)	(Date)
MARIE ROM, VP, VICE CHAIRMAN OF THE BOARD	

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

m (Signature of Registered Agent) If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314