

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON BEFORE DATE: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:45

DOCUMENT # F94000001981 (9)

1. Corporation Name

ROMY COMPUTER SERVICES, INC.

Principal Place of Business

**9130 WILES RD., #138
 CORAL SPRINGS FL 33067**

Mailing Address

**9130 WILES RD., #138
 CORAL SPRINGS FL 33067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip

2b. Mailing Address

28 State, Apt. #, etc.

28 City & State

30 Zip

4. FEI Number
22-3233167

Accepted For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Fractional Contribution Exemption \$5.00 May Be Added to Fees

7. This corporation has liability for enterprise tax under s. 190.019, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**KASS, MARSHALL
 9122 W. ATLANTIC BLVD., #713
 CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **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

Signature must be printed name of registered agent and the filer.

2a. Registered Agent signature required when withdrawing.

(X11)

12. OFFICERS AND DIRECTORS	
TITLE	PDC
NAME	KASS, MARSHALL J
STREET ADDRESS	9122 W. ATLANTIC BLVD., #713
CITY, ST, ZIP	CORAL SPRINGS FL 33071
TITLE	S
NAME	KASS, NICOLE R
STREET ADDRESS	9122 W. ATLANTIC BLVD., #713
CITY, ST, ZIP	CORAL SPRINGS FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(a), 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 my appointment with an address.

SIGNATURE:

Marshall J. Kass
MARSHALL J. KASS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95 305.341-1583

CR2E034 (3/95)