

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

| | |
|--------------------------------------|-------------------------------|
| 2 Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified 04/18/1994 | 3a. Date of Last Report 06/30/1995 |
| 4. FBI Number 22-3233167 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 KASS, MARSHALL |
| 82 Street Address (P.O. Box Number is Not Accepted) 3731 NW 23RD PLACE |
| 83 |
| 84 City COCONUT CREEK |
| 85 Zip Code FL 33066 |

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 607.0502, Florida Statutes.

SIGNATURE

[Signature]

3/18/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|--|--|
| 12.1 TITLE PDC | <input type="checkbox"/> DELETE | 13.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 NAME KASS, MARSHALL J | | 13.2 NAME | |
| 12.3 STREET ADDRESS 9122 W. ATLANTIC BLVD., #713 | | 13.3 STREET ADDRESS 3731 NW 23RD PL | |
| 12.4 CITY-STATE-ZIP CORAL SPRINGS FL 33071 | | 13.4 CITY-STATE-ZIP COCONUT CREEK FL 33066 | |
| 12.5 TITLE S | <input type="checkbox"/> DELETE | 13.5 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6 NAME KASS, NICOLE R | | 13.6 NAME | |
| 12.7 STREET ADDRESS 9122 W. ATLANTIC BLVD., #713 | | 13.7 STREET ADDRESS 3731 NW 23RD PLACE | |
| 12.8 CITY-STATE-ZIP CORAL SPRINGS FL 33071 | | 13.8 CITY-STATE-ZIP COCONUT CREEK FL 33066 | |
| 12.9 TITLE | <input type="checkbox"/> DELETE | 13.9 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.10 NAME | | 13.10 NAME | |
| 12.11 STREET ADDRESS | | 13.11 STREET ADDRESS | |
| 12.12 CITY-STATE-ZIP | | 13.12 CITY-STATE-ZIP | |
| 12.13 TITLE | <input type="checkbox"/> DELETE | 13.13 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.14 NAME | | 13.14 NAME | |
| 12.15 STREET ADDRESS | | 13.15 STREET ADDRESS | |
| 12.16 CITY-STATE-ZIP | | 13.16 CITY-STATE-ZIP | |
| 12.17 TITLE | <input type="checkbox"/> DELETE | 13.17 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.18 NAME | | 13.18 NAME | |
| 12.19 STREET ADDRESS | | 13.19 STREET ADDRESS | |
| 12.20 CITY-STATE-ZIP | | 13.20 CITY-STATE-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(5)(b), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

954 970-3099

CR2E034 (12/95)