SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001981 (9)

ROMY COMPUTER SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Aug 15 1997 8:00am Secretary of State



9130 WILES I	ND., #138 NGS FL 33067	9130 WILES RD #138 CORAL SPRINGS FL 33067						
z OOIME OF THE	COUNT OF MINOS TE COOF			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 04/18/1994	3a. Date of Last R 03/21/1996	' 1	
	Place of Business	2a. Mailing Address	~ cd	Oi	4. FEI Number	—————	plied For	
21 3731	13M 03 - LI	26 3731 NW &	7.2.	<u> 71 ·</u>	22-3233167		ot Applicable	
Suite, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	□ \$8.75 / Fee Re		
City & Stat	nut Creek FLA		eek	FLI	6. Election Campalgn Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
^{Zip} 24 ろ ろ(Country USA	29 33066 30	Countr	AZČ	8. This corporation owes or has paid Personal Property Tax due June 3		angible No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
10100; MINITOLINEE				81 Name				
3731 NW 23RD PL				82 Street Address (P.O. Box Number is Not Acceptable)				
COCONUT CREEK FL 33066			B3	83				
			<u> </u>					
			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, typed or printed name of registered agon; and title if applicable. (NOTE: Registered Agont signature required when reinstating) DATE								
12.	Signature, typed or printed name of registered agon		13.	ent signature re	ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTOR	RS IN 12	
TITLE	PDC	DELETE	1.1 TITLE		, as in order in the control	Change	Addition	
NAME	KASS, MARSHALL J	_	1.2 NAME					
STREET ADDRESS	3731 NW 23RD PL			T ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-					
TITLE	8	☐ DELETE	21 TITLE			Change	Addition	
NAME .	KASS, NICOLE R	•	2.2 NAME					
STREET ADDRESS	3731 NW 23RD PL		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL		2. 4 CITY-	ST-ZIP				
TITLE			3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CiTY-	ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-ZIP		Chan	Addition	
TITLE		U VILLE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		and Aller et and a second at the second	64 CITY	ST-ZIP	440.07/0/07/07	17 11		

Twister of the corporation of the corporation of the corporation of the corporation 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.

954.970-2096