

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAR 23 AM 10:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # G35519 (9)**

1. Corporation Name

**ROMART DEVELOPERS, INC.**

Principal Place of Business

**528 ADAMS AVE.  
CAPE CANAVERAL FL 32920**

Mailing Address

**528 ADAMS AVE.  
CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/25/1983**

3a. Date of Last Report

**08/01/1994**

4. FEI Number

**59-2296411**

Applied For

**Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**WANIEWSKI, DONNA M.  
505 N. ORLANDO AVENUE  
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81

Name

**JUDITH A. LAU**

82

Street Address (P.O. Box Number is Not Acceptable)

**211 CORAL DR.**

83

84

City

**CAPE CANAVERAL**

FL

85

Zip Code

**32920**

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 607.0507, Florida Statutes.

SIGNATURE

*Judith A. Lau*

**Judith A. Lau**

**3/18/95**

Signature, type or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP  
LAMORETTE, ROBERT J  
528 ADAMS AVE  
CAPE CANAVERAL, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD  
LAMORETTE, MARTHA M  
528 ADAMS AVE  
CAPE CANAVERAL, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**D  
Judith A. Lau  
211 Coral Dr.  
Cape Canaveral, FL 32920**

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**D  
Nancy Peterson  
645 SW 72nd Terr  
Okeechobee, FL 34974**

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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 119.07(3)(k), 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 no additions.

SIGNATURE:

*Robert J. Lamorette*

**3/18/95 (407) 784-3494**

**ROBERT J. LAMORETTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Name)

(Signature)