## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

H76067

(8)

ROMIC, INC.

Dringing Diag	ad Duainasa	Aloiting Address						
Principal Place of Business Mailing Address								
12033 MCCAL PORT CHARL	12033 MCCALL RD., PORT CHARLOTTE FL 3							
TOM OWNE	0112 12 00301	PORT GIARLOTTE PE 33301				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
	10					09/16/1985	<del></del>	
<u> </u>	lace of Business	2a, Mailing Address				4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2577436		Not Applicable	
22		27			5. Certificate of Status Desired		Additional Regulred	
City & State		City & State			6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees
Žip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the c		
24	25	29	30			Personal Property Tax due June 30.	Yes [	□ No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registers	J Agent	
SA	XBE, MARTIN			81	Name			
	033 MCCALL RD.,		l	82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
PO	RT CHARLOTTE FL 33981		·	83	<del></del>	· · · · · · · · · · · · · · · · · · ·		
			ļ					
			- 1	84	City	F	85 Zip	Code
SIGNATURE	m familiar with, and accept the obl					ad when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	• •		1.1 TIT	1.1 TITLE			☐ Change	Addition
NAME	SAXBE, MARTIN		1.2 NA	1.2 NAME				
STREET ADDRESS	12033 MCCALL RD.		1.3 ST		ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL	D pri ste		1.4 CITY-ST-ZIP				
TITLE	•			2.1 TITLE			Change	Addition Addition
NAME			•	2.2 NAME				
STREET AODRESS	BODT ALLAD OTTE E			2.3 STREET ADDRESS 2. 4 City-St-Zip				
CITY-ST-ZIP TITLE			3.1 TIT		1-ZIP		Change	Addition
NAME			3.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4. CI					
TITLE	☐ DELETE 4.1		4.1 TIT	4.1 TITLE			Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 ST	REET /	address			
CITY-ST-ZIP				4.4 City-St-Zip				
TITLE		☐ DELETE	5.1 TIT		ļ		Change	Addition
NAME			5.2 NAI					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-\$7	-7IP			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADORESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

VARTIN SAXBE PRES.

Change

**FILED** 

Feb 25 1998 8:00am

Secretary of State