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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # J25477

1. Corporation Name

ROMASI INVESTMENTS, INC.

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90047 010 \*\*\*150.00

HOME	THE ESTIMENTS, INC.		_								
Principal Place	e of Business	Mailing Address			ļ	(1001110 0110 1110)					
3852 TORREY PINES BLVD.		3852 TORREY PINES BLVD.									
SARASOTA FL 34238		SARASOTA FL 34238				DO	NOT WRITE	IN THIS	SPACE		
					F	3. Date Incorporated o			<u> </u>		ı
						07/18/1986	Qualifed				ı
		2a. Mailing Address				4. FEI Number			T An	plied For	h
2. Principal Place of Business		<b>⊢</b>				65-0051246			<u> </u>	t Applicable	,
21		Suite, Apt. #, etc.						<del>- ,     .</del>	\$8.75		-
Suite, Apt. #, etc.		<del></del>				5. Certifcate of Status	Desired		Fee Re		l
City & State		City & State	City & State			6. Election Campaign	Financino		\$5.00	May Be	1
City & State		28				Trust Fund Contribu			Added t		İ
Zip	Country	Zip	Cour	ntry	1	This corporation owes the current year Intangible					İ
	25	·	30	-		Personal Property T		-	Yes	<b>I</b> ZNo	j
24	9. Name and Address of Currer	1	1			10. Name and Address	s of New Re	gistered A	Agent		į
	o, italia and italiana			81 Name	,			. :		* ]	-
. WEB	BB, CHARLES W.			82 Street	Addroo	s (P.O. Box Number is N	lot Acceptabl	e)		<del></del>	ł
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				84 City				FL			1
14 Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the at	ove-name	corpora	ation submits this statem	ent for the pr	urpose of	changing its	registered	
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14. I hereby 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, with all other like empowered.

SIGNATURE: