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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J39990**

(3)

1. Corporation Name

CHARLES ROMANO CO., INC.

Principal Place of Business

**RTE. 1, BOX 1100P
BOYNTON BEACH FL 33437**

Mailing Address

**RTE. 1, BOX 1100P
BOYNTON BEACH FL 33437-9801**



3. Date Incorporated or Qualified

10/23/1986

3a. Date of Last Report

04/10/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROMANO, CHARLES
RTE. 1, BOX 1100P
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name

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

83

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
ROMANO, CHARLES
10341 DENOEU RD
BOYNTON BEACH FL 33437**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**S
ROMANO, MARY
10341 DENOEU RD
BOYNTON BEACH FL 33437**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

6.2 TITLE ☐ Change ☐ Addition

SIGNATURE:

Mary Romano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0321331

CR2E034 (9/96)