

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J48186 (7)**

1. Corporation Name
ROMIJEN, INC.



Principal Place of Business: **780 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952**
Mailing Address: **P.O. BOX 541425 MARRITT ISLAND FL 32954-1425 US**

3. Date Incorporated or Qualified: **12/22/1986**
3a. Date of Last Report: **02/27/1995**

21. Principal Place of Business 2800 W 520 Suite, Apt. #, etc.	2a. Mailing Address 2800 W 520 Suite, Apt. #, etc.
22. City & State Cocoa, FL 32926	27. City & State Cocoa FLA 32926
23. Zip 32926	28. Zip 32926
24. Country US	29. Country US

4. FEI Number: **59-2770634**
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

9. Name and Address of Current Registered Agent
**STEELE, KEVIN B.
780 E MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **2800 W 520**
83.
84. City: **Cocoa** 85. Zip Code: **FL 32926**

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: **KEVIN B STEELE** (Signature typed or printed name of registered agent and fee applicable) **2/26/96** (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE: DP	NAME: STEELE, KEVIN B.	DELETED: <input type="checkbox"/>
STREET ADDRESS: 780 E MERRITT ISLAND CSW	CITY-STATE-ZIP: MERRITT ISLAND FL	
TITLE: D	NAME: STEELE, R. DAVID	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 780 E MERRITT ISLAND CSW	CITY-STATE-ZIP: MERRITT ISLAND FL	
TITLE: D	NAME: STEELE, ROBERT	DELETED: <input type="checkbox"/>
STREET ADDRESS: 780 E MERRITT ISLAND CSW	CITY-STATE-ZIP: MERRITT ISLAND FL	
TITLE: <input type="checkbox"/>	NAME: <input type="checkbox"/>	DELETED: <input type="checkbox"/>
STREET ADDRESS: <input type="checkbox"/>	CITY-STATE-ZIP: <input type="checkbox"/>	
TITLE: <input type="checkbox"/>	NAME: <input type="checkbox"/>	DELETED: <input type="checkbox"/>
STREET ADDRESS: <input type="checkbox"/>	CITY-STATE-ZIP: <input type="checkbox"/>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS: 2800 W 520
1.4 CITY-STATE-ZIP: Cocoa FLA 32926
2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS: 2800 W 520
3.4 CITY-STATE-ZIP: Cocoa FLA 32926
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(x), 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 in an attachment with an address.

SIGNATURE: **KEVIN B STEELE** (Signature typed or printed name of signing officer or director) **2/26/96** Date **407-452-6700** 8-time Phone #

CR2E034 (12/95)