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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
 Corporation Name 	

J48186

(7)

ROMIJEN, INC.

Principal Place		Mailing Address)	160)
780 E. MERRITT ISLAND CAUSEWAY P.O. BOX 541425 MERRITT ISLAND FL 32952 MARRITT ISLAND FL 3295 US			2954-1425					
					rporated or Qualified 2/1986		ast Report 7/1995	
L	ace of Business	2a. Mailing Address		4. FEI Numb			Applied For	,
21 2800 Suite, Apt. 4	W 520	26 2800 W	520	59	2770634		Not Applica	
22	· · · · · · · · · · · · · · · · · · ·	Suite, Apt #, etc.		5. Certificate	of Status Desired	4 1	8.75 Additiona Fee Regulred	11
City & State	4. Fig 32926	28 C_DC_DA 17		6. Election (Trust Fun	Campaign Financing ad Contribution		5.00 May Be Added to Fees	
24 32420		^{Zip} 32926	Country 30 US	Florida St.		es ∐No		
	9. Name and Address of Current	Registered Agent	94 1	10. Name an	id Address of New	Registered Ager	ıt	
OTEC: E	E, KEVIN B.		81 Name					}
	MERRITT ISLAND CAUSEWAY			Address (P.O. Box Nu		able)		
	T ISLAND FL 32952		83 2.80	∞ W 52	<u>o</u>			\dashv
			84 City	x.oA		F1 65	Zip Code	,
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above paged of	enoration auborita this	statement for the p	urpose of changing	its registered c	office
j or registere	ad agent, or both, in the State of Florida h, and accept the obligations of, Section	a. Such charide was authorize	d by the corporation's	directors) I h	ereby accept the ap	pointment as regis	tered agent. I an	n
SIGNATURE .	KEVIN B ST	CHI PRS		11		2/26	196	
12.	Signature, typical or printed name of registered agent a OFFICERS AND		E: Registered Agent signat, for t			DATE		<u>@</u>
	OFFICERS AND	DELETE	13.	ADDITION	IS/CHANGES TO OF	· · · · · · · · · · · · · · · · · · ·		S S S S S S S S S S S S S S S S S S S
NAME	Steele, Kevin B.	Decere	1.2 NAME			⊠ Ch	ange 🔲 Additio	º" ニ
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NAME	steele, R. David	. •	2 2 NAME			-		ļ
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NAMI	STEELE, ROBERT	,	3 2 NAME					
SUBJECT ADDRESS	780 E MERRITT ISLAND CSW MERRITT ISLAND FL	1	3.3 STREET ADDRESS		520 0	in /		
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NAME			6.2 NAME					
STREET ADDRESS			63 STREET ADDRESS					
CITY ST ZIF	contifu that the information purchase	th this filing is yet what if ye's	6 4 CITY - ST - ZiP	if for the control		0.010:01 5: :: :		
and the order	certify that the information supplied wi	or one ming to void itanly furills	neo ano does not qua	iny for the exemption :	stated in Section 118	alundakki, Fionoia S	raiutes. I further	.

annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under opporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or direct appears in Block 12 or Block 13 it

SIGNATURE:

STEPLE PROS 2/26/96 407-452-6700