

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 # J85801 (5)

1. Corporation Name

ROMAN WATERPROOFING AND RESTORATION SYSTEMS, INC



Principal Place of Business

Mailing Address

3400 S.W. 26TH TERR.
FT. LAUDERDALE FL 33312
US

3400 SW 26 TERRACE
FT. LAUDERDALE FL 33312
US

2. Principal Place of Business

2a. Mailing Address

21 2875 NE 191 ST.

26 2875 NE 191 ST.

22 Suite, Apt. #, etc. SUITE 603

27 Suite, Apt. #, etc. SUITE 603

23 Aventura, FL

28 Aventura, FL

24 33180 25 USA

29 33180 30 USA

3. Date Incorporated or Qualified
07/30/1987

3a. Date of Last Report
02/01/1995

4. FEI Number

65-0032959

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

10. Name and Address of New Registered Agent

HIMMEL, JOANNE C.
7511 W. UPPER RIDGE DR.
PARKLAND FL 33067

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 the applicant

(NOTE: Registered Agent Signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HIMMEL, JOANNE C.
STREET ADDRESS 7511 W. UPPER RIDGE DR.
CITY-ST-ZIP PARKLAND FL

TITLE TD
NAME CONSTANTINE, MATINA
STREET ADDRESS 3400 SW 26 TERR
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SVP
NAME CONSTANTINE, MATINA
STREET ADDRESS 3400 SW 26 TERR
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNE C. HIMMEL, Pres. 5/10/96 3069331222

CR2E034 (12/95)