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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J96578

1. Corporation Name

ROMANO INDUSTRIES, INC.

Principal Place of Business
2900 S. U.S. HWY. 27
HAINES CITY EL 33844

Mailing Address

2900 S. U.S. HWY. 27 HAINES CITY FL 33844

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90069 034 \*\*\*150.00



US		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 10/07/1987			
2. Principal Place of Business	2a. Mailing Address	R 10	4. FEI Number	Applied For		
2200 GULF YIEW BKVO	28. Mailing Address 26 ZZOO GULF VIEU	UDLVP	65-0013337	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State  DUNEDIN FL	City & State  28 DUNEDIN FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 3 4 6 9 8 25 PINELLAS	Zip Cou	ntry INEUAS	8. This corporation owes the current year Intangible Personal Property Tax. Sd Yes No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
ROMANO, ANTHONY R. PARADISE ISLAND PARK		81 Name 82 Street Addre 83	ss (P.O. Box Number is Not Acceptable)			
		84 City		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						
		egistered Agent signature r		DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/	CHANGES TO OFFICERS AN		
TITLE	DPS DELETE	1.1 TITLE			Change	☐ Addition
NAME	ROMANO, GLORIA C.	1.2 NAME .			•	
STREET ADDRESS	2900 US HWY 27 SOUTH	1.3 STREET ADDRESS		•		
CITY-ST-ZIP	HAINES CITY FL	1.4 CITY-ST-ZIP		` '	<u> </u>	
TITLE	VP □ DELETE	2.1,TITLE		•	☐ Change	☐ Addition
NAME	BRUNO, FRED	2.2 NAME	,	•		
STREET ADDRESS	150 NYATT ROAD	2.3 STREET ADDRESS				,
CITY-ST-ZIP	BARRINGTON RI	2.4 CITY-ST-ZIP	_		<u> </u>	
TITLE	T □ DELETE	3.1 TITLE			Change	Addition
NAME	MUSCHE, FRANK W.	3.2 NAME			•	
STREET ADDRESS	284 PLEASANT ST.	3.3 STREET ADDRESS				
CITY-ST-ZIP	RUMFORD, RI.	3.4. CITY-ST-ZIP				
TITLE	V P DELETE	4.1 TITLE	VP	á (2	☐ Change	Addition
NAME	LANEWAR PROMANO	4. 2 NAME	ANTHONY	K. KOMANU	•	
STREET ADDRESS	ANTHONY R. KOMANO	4 3 STREET ADDRESS	2200 G-ULF	R. ROMANO VIEW BLUP		
CITY-ST-ZIP	DUNEOIN, FL 34698	4.4 CITY-ST-ZIP	DUNGOIN	, FL 34698		
TITLE	DELETE	5.1 TITLE			☐ Change	Addition
NAME		5.2 NAME	٠.		5 5 7 5	· · · · · ·
STREET ADDRESS		5.3 STREET ADDRESS				.•
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	□ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME .	* (	6.2 NAME		A Section of the		
STREET ADDRESS	1.	6.3 STREET ADDRESS		*		
CITY-ST-ZiP	?	6.4 CITY-ST-ZIP				

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

SIGNATURE: