

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:23

DOCUMENT # K91976 (6)

1. Corporation Name
ROMANTIC ANTICS, INC.

Principal Place of Business

**% GINNY VALLETTI
3200 N OCEAN DR #403
HOLLYWOOD FL 33019**

Mailing Address

**% GINNY VALLETTI
3200 N OCEAN DR #403
HOLLYWOOD FL 33019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/26/1989	3a. Date of Last Report 04/28/1994
4. Fed Number 65-0166338	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
7. This corporation has liability for franchise tax under S. 190.022, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**VALLETTI, GINNY
3200 N OCEAN DR
#403
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 must be printed name of registered agent and the filer.

Signature must be printed name of registered agent and the filer.

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1. TITLE	☐ Change ☐ Addition
NAME	VALLETTI, GINNY	2. NAME	
STREET ADDRESS	3200 N OCEAN DR #403	3. STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	4. CITY, ST, ZIP	
TITLE	VDR	5. TITLE	☐ Change ☐ Addition
NAME	RICHMOND, CRICKET	6. NAME	
STREET ADDRESS	6500 QUINTANA PLACE	7. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I (we) 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)(b), Florida Statutes. I further certify that the information indicated on this 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, that I am authorized 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 as an addendum with an address.

SIGNATURE:

Ginny Valletti
SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

612-95

(305) 922-6278