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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ROMANTIC ANTICS, INC.

(6)

FILED
Mar 24 1998 8:00am
Secretary of State



e anno		• • • • • • • • • • • • • • • • • • • •	-	% GINNY VALLETTI 3200 N OCEAN DR #403 HOLLYWOOD FL 33019							
% GINNY VA 3200 N OCE											
HOLLYWOOD								DO NOT WRITE IN THIS SPACE			
			***************************************					3. Date Incorporated or Qualifie			
								05/26/1989	_		
2. Principal P	lace of Busin	ness	2a. Mailing	2a. Mailing Address				4. FEI Number			Applied For
21			26	26				65-0166338	_	X	Not Applicable
Suite, Apt.	#, etc.		Suite, A	Sulte, Apt. #, etc.			5. Certificate of Status Desired			5 Additional	
22			27					o. Commodic of States Desired		Fee	Required
City & State	0		City & S	State				6. Election Campaign Financing	_		O May Be
23 Zip		Country	28 Zip		Count			Trust Fund Contribution	<u> </u>		ed to Fees
—		<u> </u>	· ·		Count	ry		8. This corporation owes or has			
24		and Address of Cu	29 rrent Registered Ag	ent	30]			Personal Property Tax due Ju 10. Name and Address of New I		∐ Yes	No No
VA	LLETTI, GII		Tont riogistered Ag		8	1	Name	10. Italio alla Accioss di Itali	10 Pistoi or	1 Main	
	00 N OCE					\perp					
#4		W DR			8	2	Street Addr	treet Address (P.O. Box Number is Not Acceptable)			
	DLLYWOOD	El 33010			8	3				···	
110)LL,11100D	1 2 330 15			Ľ						
					8	4	City		FI	85 Z	ip Code
11 Pursuant	In the provisi	ions of Sections 607	0502 and 607 1508	Florida Statu	ites the abo		named corn	poration submits this statement for the			a ite registered
office or re	egi ste red ag	jent, or both, in the S	tate of Florida. Such bligations of, Section	change was	authorized t	by (the corporati	ion's board of directors. I hereby acc	ept the ap	pointment	as registered
SIGNATURE	Signature, typed	or printed name of registore	d agent and little if applicable	(NO	TE Registered A	gent	l signature require	ed when reinslating)	DATE		
12.		OFFICERS	AND DIRECTORS	<u></u>	13.	_		ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECT	ORS IN 12
TITLE	PD			DELE te	1.1 TETLE					☐ Chang	e Addition
NAME		ti, ginny			1.2 NAME	•					
STREET ADDRESS		OCEAN DR #403			1.3 STRE	ET A	OORESS				
CITY-ST-ZIP	HOLLYV	VOOD FL			1.4 CITY-	-51-	- ZIP				
TITLE				DELETE	2.1 TITLE					Chang	e 🔲 Addition
NAME					2.2 NAME	-					
STREET ADDRESS					2.3 STREE	ET AI	DDRESS	₹.			
CITY-ST-ZIP					2. 4 CITY	- \$1	- 719				
TITLE			Į.	DELETE	3.1 TITLE					☐ Chang	e 🔲 Additlon
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREE	ET AI	DDRES\$				
CITY-ST-ZIP					3.4. CITY	- 51-	- ZIP				
TITLE			[DELETÉ	4.1 TITLE					☐ Chang	e 🔲 Addition
NAME					4. 2 NAM	E					
STREET ADDRESS					4.3 STREE	T AC	DDRESS				
CITY-ST-ZIP					4.4 CITY-	_	ZiP				
TITLE			[DELETE	5.1 TITLE					☐ Change	e Addition
NAME					5.2 NAME		Ī				ļ
STREET ADDRESS					5.3 STREE	T AI	DDRESS				İ
CITY-ST-ZIP					5.4 CITY-	ST-	ZIP				
TITLE				DELETÉ	6.1 TITLE					Change	e Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREE	TAE	DORESS				
CITY-ST-ZIP					6.4 CITY-						
14. I hereby o	ertify that the	information supplied	with this filing does	not qualify f	or the exemp	ptic	on stated in 5	Section 119.07(3)(i), Florida Statutes.	I further o	ertify that ti	he information
officer or of Block 12 o	director of the or Block 13 if	e corporation or the corporation or on an a	receiver or trustee en attachment with an a	npowered of ddress.	execute this	re;	port as requi	e shall have the same legal effect as ired by Chapter 607, Florida Statutes	; and that	my name a	appears in