

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 # **L27643** (0)

1. Corporation Name

ROMAR CONSULTANTS, INC.



Principal Place of Business

**3110 ELM ST. NW
STE 5
WINTER HAVEN FL 33881
US**

Mailing Address

**PO BOX 7193
WINTER HAVEN FL 33883
US**

3. Date Incorporated or Qualified
11/02/1989

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMMERLIN, ROY C.
146 AVENUE B NW
WINTER HAVEN FL 33881**

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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

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

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

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

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

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7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP

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8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP

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9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP

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10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-STATE-ZIP

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11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-STATE-ZIP

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12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP

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13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP

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18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-STATE-ZIP

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19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-STATE-ZIP

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20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-STATE-ZIP

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31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-STATE-ZIP

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32.1 TITLE 32.2 NAME 32.3 STREET ADDRESS 32.4 CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

33.1 TITLE 33.2 NAME 33.3 STREET ADDRESS 33.4 CITY-STATE-ZIP

SIGNATURE: *Marjorie H. Rowton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/96 *941/967-0206*
Date Date/Time

CR2E034 (12/95)