## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

**FILED** AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 12 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT # L78378** (1)ROMAR & ASSOCIATES INC. OF SOUTH FLORIDA Mailing Address Principal Place of Business W KARENJA MARASCO % KAREN JA: MARASCO 700 EASTWIND DR 700 EASTWIND DR NORTH PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE NORTH PALM BEACH FL 33408 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1990 04/19/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0249652 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARASCO, KAREN H. Name 700 EASTWIND DR 82 Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 DELETE TITLE 1.F TITLE Change Addition MARASCO, KAREN Jr. H. NAME 1.2 NAME CR2E034 700 EASTWIND DR STREET ADDRESS 1.3 STREET ADDRESS NORTH PALM BEACH FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Acdition TITLE 2.1 TITLE NAME MARASCO, PETER J. 2.2 NAME 700 EASTWIND DR STREET ADORESS 2.3 STREET ADDRESS NORTH PALM BEACH FL 2. 4 CITY - ST - ZIP CITY-ST-Z#P DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 I AME

414. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Y-ST-ZIP oxemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the courate and that my signature shall have the same legal effect as if made under oath; that xecute this report as required by Chapter 607, Florida Statutes; and that my name

Addition

Low H. mrssco 9151 97 561-881-9679

5.3 SIREET ADDRESS

IY-ST-ZIP

REEL ADDRESS

6.1 πE

62 ME

6.3

DELETE