

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 # **P33782** (4)

1. Corporation Name

ROME RESOURCES CORPORATION



Principal Place of Business

P.O. BOX 934
PALM BEACH FL 33480

Mailing Address

P.O. BOX 934
PALM BEACH FL 33480

3. Date Incorporated or Qualified
04/30/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **1333 NORTH LAKE WAY**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

PALM BEACH FL

28 City & State

29 Zip

24 Zip

33480

25 Country

USA

29 Zip

33480

30 Country

USA

4. FEI Number

52-1265202

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUDOLPH, MALCOLM R.
1333 NORTH LAKE WAY
PALM BEACH FL 33480**

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 607.0505, Florida Statutes, I, **MALCOLM R. RUDOLPH**, 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 of registered office or registered agent, or both, shall be effective upon the filing of this statement with the Department of State. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

MALCOLM R. RUDOLPH
P. O. BOX 934
PALM BEACH, FLORIDA 33480

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CPT**
STREET ADDRESS **RUDOLPH, MALCOLM R.**
CITY - ST - ZIP **1333 NORTH LAKE WAY**
PALM BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **DVS**
STREET ADDRESS **RUDOLPH, BARBARA G.**
CITY - ST - ZIP **1333 NORTH LAKE WAY**
PALM BEACH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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)(k), 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 accept this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this report.

SIGNATURE:

MALCOLM R. RUDOLPH
P. O. BOX 934
PALM BEACH, FLORIDA 33480

April 20, 1996 407-481-1924

Date

Daytime Phone

CR2E034 (12/95)