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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P92000006765 (1) DOCUMENT #

1. Corporation Name

ROMNI INTERNATIONAL, INC.

FILED Apr 22 1996 8:00 am Secretary of State

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Principal Place of Business Making Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3300 COUNTY ROAD 13A NORTH			1007 VALE ORCHARD LANE						
LOT J	THE ST 00000	JACKSONVILLE FL	32207						
ST. AUGUSTINE FL 32092					3. Date incorporated or Qualified 11/19/1992 3a. Date of Last 05/11/				
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		L-1	pplied For	
100	7 Vale Orchard	k 26			59-3157427			ot Applicable	
Suite, Apt. #,	etc.	S.rte, Apt. #, etc.	S.rte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	conville E1	Orty & State	Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		*	
Zip 327	ma Countos)	Country 30			S No		199.032,	
·1	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistered A	gent		
			81	Name					
SACKS	, HARVEY		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
	ALE ORCHARD LANE								
JACKS	ONVILLE FL 32207		83						
			84	City			85 Zip	Code	
				L	ration submits this statement for the pu	<u>FL</u>	<u> </u>		
SIGNATURE 12.	OFFICERS AND	DIRECTORS	13.	a signal ne object	ADDITIONS/CHANGES TO OFF				
TITLE	D	DELFTE.	1 1 71/1.F] Change	Addition	
NAME	SACKS, LAWRENCE J		1.2 NAME						
STREET ADDRESS	3300 COUNTY ROAD 13A,	LOT J		' ADDRESS					
CITY - ST - ZIP	ST. AUGUSTINE FL 32092	DELETE	2 1 TILLE	ST - ZIP] Change	Addition	
TILLE	S CACKE GERALD	Porter	2 1 HILE 2 2 NAME			L_	,		
NAME	SACKS, GERALD 1007 VALE ORCHARD LAN	E		L ADDRESS					
STREET ADDRESS City-St-Zip	JACKSONVILLE FL 32207	_	24 G.I.	i					
TITLE	V	[] DELETE	3 1 Hit)	7 6/	Ţ	Change	Addition	
NAME	SACKS, HARVEY		32 NAME	1		_ /	7		
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CITY - ST - ZIP	JACKSONVILLE FL 32207		3 4 CITY -	S1 - ZIP		122			
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NAME				LADURESS					
STREET ADDRESS			5 4 CITY-						
CITY-S1-ZIP TITLE		DELF1E	6 1 THUS				Change	Add-tion	
NAME			6.2 NAME						
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CITY-ST-ZIP			64 CITY	\$1-7IP				The state of the s	
					for the evenuet on stated in Section 11	THE SECURITY OF LABOUR			

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 119.0?(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 execute 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 an address.