

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

FILED
Jul 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000006765 (1)
1. Corporation Name

Romni International Inc.

Principal Place of Business	Mailing Address
1007 Vale Orchard Lane Jacksonville, Fl. 32207	Harvey Sacks, R I I 1007 Vale Orchard Lane Jax. Fl. 32207

Amended

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/19/92
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3157427
24 Country	29 Country	Applied For
25	30	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Lawrence J. Sacks 3300 CR 13 A N Lot J St. Augustine, Fl. 32092	81 Name Harvey Sacks 82 Street Address (P.O. Box Number is Not Acceptable) 1007 Vale Orchard Lane 83 84 City Jacksonville, FL 85 Zip Code 32207

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 *Harvey Sacks* July 23, 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence J. Sacks	1.2 NAME	D Harvey Sacks
STREET ADDRESS	3300 CR 13 A N Lot J	1.3 STREET ADDRESS	1007 Vale Orchard Lane
CITY-ST-ZIP	St. Augustine Fl. 32092	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32207
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V Gerald J. Sacks
STREET ADDRESS		2.3 STREET ADDRESS	1007 Vale Orchard Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, Fl. 32207
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	500002607070
STREET ADDRESS		5.3 STREET ADDRESS	-08/04/98--01065--029
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***70.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Harvey Sacks* 7/23/98 904.348.4111

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