

FILED
Sep 17 1998 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporate Name:

ROMNI INTERNATIONAL, INC.

$$P_{\text{max}} = P_{\text{max}}^{\text{max}} - P_{\text{max}}^{\text{min}} \text{ and } \{P_{\text{max}}^{\text{max}}, P_{\text{max}}^{\text{min}}\} \in \mathcal{P}_{\text{max}}.$$

V^p along A (the $\mathbb{A}^1$ -

3300 C.R. 13AN, LotJ
St. Augustine, Fl.
32092 US

3300 C.R. 13AN. LotJ
St, Augustine, Fl.
32092 US

2. $\vec{r} = x\vec{e}_1 + y\vec{e}_2 + z\vec{e}_3$ $\vec{e}_i \in \{\vec{e}_1, \vec{e}_2, \vec{e}_3\}$

2a. Making Acids:

21	State, Dist. #, etc.		26	State, Acd. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24	25		29	30	

9. Name and Address of Current Registered Agent

Sacks, Lawrence J.
3300 C.R. 13AN., Lot J
St. Augustine, Fl. 32092

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	Zip Code

11. Pursuant to the provisions of Sections 607.01(4), and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and registered agent to be in in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. (See Form 9.0, and related Prohibitions of, Sections 607.01(5), Florida Statutes.

SIGNATURE Lawrence Sacks

4411 *Heppel, G. and A. J. S. 1991. An experimental study of the effects of*

 $\| \mathcal{M}_\varepsilon \|_\infty$ [illegible]

ADD/ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
20 PHN	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 PHN	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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***70.00

PE
9.17

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 is true, correct, and complete, and that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or employee of the corporation or the agency or body empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in the filing. (See Rule 13F-2.00, Florida Administrative Code, for additional details.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/98 (904) 797-0846

0.000

Figure 10.4

CR2E034 (10/97)