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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	C.L.S.	DIVISION	OF COR	PORATI	101	NS				
DOCU	MENT # P93 0	0000	18656	(7)							
1. Corporation	n Name			(' /							
ROM	o's at san pablo roai	D, INC.						A TOTAL HER TOTAL OLD ACTIVE AT	111 84 111 8 44	A (1886) 486	18 BANGN GNAVA ANNI 2001
Principal Place	of Business	Mail	ing Address					- I ADDINODA NIO BONED ARARA DORIN DI)) 	in after ating bini ibbi
14444-2 BE	14444-2 BEACH BLVD 5730 BOWDEN ROAD										
#307	#307 JACKSONVILLE FL	00046									
US	/ILLE FL 32250		ANOLOGOMANTE LE RESID					3. Date Incorporated or Qualified 03/08/1993	3a. Dat	te of Last 04/10	
	ace of Business	2a. 1	Mailing Address					4. FEI Number	٠	Τ	Applied For
21		26						59-3175147			Not Applicable
Suite, Apt. :	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired		,	75 Additional se Required
City & State	······································	·	City & State					6. Election Campaign Financing			.00 May Be
23		28						Trust Fund Contribution			ded to Fees
Zip	Country	-	Zip	<u> </u>	Country	У		8. This corporation has liability for i		ax under	s 199.032,
24	9. Name and Address of Curre	29 ent Registe	red Agent	30	l			Florida Statutes Yes 10. Name and Address of New R		Agent	
					81	Т	Name	IV. Hamb and Address of New A	ogistered	-Agein	
PUTNAM, RICHARD A					82	+	Street Addre	ess (P.O. Box Number is Not Acceptab	lo)		
ľ	BOWDEN ROAD						Oli eet Addie	=55 (F.O. DOX NOTIDO IS NOT ACCEPTED			
#307				83							
JACKS	SONVILLE FL 32216				84	1	City		P- 1	85	Zip Code
11 Pursuant t	o the provisions of Sections 607 05	02 and 607	1508 Florida Stati	utae the	above-	D26	med corpora	ation submits this statement for the pur	FL		a registered office
or register	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	orida. Such d	change was author	rized by	the corp	oor	ation's board	d of directors. I hereby accept the appoint	pose of cr pintment a	s register	ed agent. I am
SIGNATURE	on, and accept the obligations of, ce	0.1001100100	505, Florida Statote	00.							
	Slignature, typod or printed name of registered age			NOTE Reg		nt si	gnature required	when reinstating)	DATE		
12.	OFFICERS A	ND DIRECT	ORS DELETE		13.			ADDITIONS/CHANGES TO OFF		D DIRECT	
NAME	ADEEB, JOSEPH III		beer/e		1.2 NAME						e
STREET ADDRESS	5730 BOWDEN RD, #307	!			1.3 STREE		ORESS				
CiTY+S1+ZiP	JACKSONVILLE FL 32216	3			1.4 CITY - 9						
TOLE	D DISTRIBUTE DIGITAL DE		DELETE		2 1 TITLE	-				Change	e Addition
NAME	PUTNAM, RICHARD 5730 BOWDEN RD, #307	,		ŀ	22 NAME						
STREET ADDRESS	JACKSONVILLE FL 32216			- 1	23 STREET						
CITY-ST-ZIP TITLE	UNDITIONAL TE DEZ TO		☐ DELETE		24 CITY-S 3 1 TITLE		ZIP			Change	e 🖺 Addition
NAME					32 NAME			•		unany	
STREET ADDRESS					3 3. STREE		DDRESS				
CITY-ST-ZIP					3.4 CITY - S	ST-	ZIP				
THILE			DELETE		4. 1 TITLE					Change	e 🔲 Addition
NAME					4.2 NAME		•				
STREET ADDRESS				1	4.3 STREET						
CITY-ST-ZIP TITLE			DELETE		4.4 CITY - S 5. 1 TITLE		(IF			Change	e
NAME			_		5.2 NAME						
STREET ADDRESS					5.3 STREET		DRESS				
CITY-ST-ZIP					5.4 CITY - 9	ST - 2	ZIP				,
TITLE			DELETE	ı	6. 1 TITLE		•			Change	e 🔲 Addition
NAM:				ı	6.2 NAME						
STREET ADDRESS				1	6.3 STREET						
CHTY-ST-ZIP				I	6.4 CITY - S	S1 - 2	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 cath; 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 oranged, or on an attachment with an address.

SIGNATURE:

1 Chapp A Pithan 3-18-96 904 636-0838