


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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000022937 1. Corporation Name ROMSOFT, INC.			
Principal Place of Business 5100 W. Copans Rd, #100 Margate, FL 33063		Mailing Address 5100 W. Copans Rd #100 Margate, FL 33063	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/24/93	3a. Date of Last Report 05/01/96 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Ronald Teblum 9073 NW 53rd Street Coral Springs, FL 33067		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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 Ronald G. Teblum, Pres. DATE 4/11/97 (NOTE: Registered Agent signature required when reinstalling)			
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE <input type="checkbox"/> DELETE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP 2.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY-ST-ZIP 2.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY-ST-ZIP 2.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.30 NAME 2.31 STREET ADDRESS 2.32 CITY-ST-ZIP 2.33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.34 NAME 2.35 STREET ADDRESS 2.36 CITY-ST-ZIP 2.37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.38 NAME 2.39 STREET ADDRESS 2.40 CITY-ST-ZIP 2.41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.42 NAME 2.43 STREET ADDRESS 2.44 CITY-ST-ZIP 2.45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.46 NAME 2.47 STREET ADDRESS 2.48 CITY-ST-ZIP 2.49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.50 NAME 2.51 STREET ADDRESS 2.52 CITY-ST-ZIP 2.53 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.54 NAME 2.55 STREET ADDRESS 2.56 CITY-ST-ZIP 2.57 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.58 NAME 2.59 STREET ADDRESS 2.60 CITY-ST-ZIP 2.61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.62 NAME 2.63 STREET ADDRESS 2.64 CITY-ST-ZIP 2.65 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.66 NAME 2.67 STREET ADDRESS 2.68 CITY-ST-ZIP 2.69 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.70 NAME 2.71 STREET ADDRESS 2.72 CITY-ST-ZIP 2.73 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.74 NAME 2.75 STREET ADDRESS 2.76 CITY-ST-ZIP 2.77 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.78 NAME 2.79 STREET ADDRESS 2.80 CITY-ST-ZIP 2.81 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.82 NAME 2.83 STREET ADDRESS 2.84 CITY-ST-ZIP 2.85 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.86 NAME 2.87 STREET ADDRESS 2.88 CITY-ST-ZIP 2.89 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.90 NAME 2.91 STREET ADDRESS 2.92 CITY-ST-ZIP 2.93 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.94 NAME 2.95 STREET ADDRESS 2.96 CITY-ST-ZIP 2.97 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.98 NAME 2.99 STREET ADDRESS 2.100 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: **Ronald G. Teblum, Pres.** DATE: **4/11/97** (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **979-8558**

CR2E034 (9/96)