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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022937

1. Corporation Name

ROMSOFT, INC.

Principal Place of Business Mailing Address							III IYAA XAAA	
· · ·	•	5100 W COPANS RD					v	
5100 W COPANS RD 5100 W COPANS RD SUITE 710 SUITE 710								
MARGATE FL 33063 MARGATE FL 33063					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
0.0000010	·	T = 14 11 4 4 1			03/24/1993			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		-	plied For	
21 26				65-0393570			t Applicable	
Suite, Apt. #, etc. 22 27				5. Certifcate of Status Desired		\$8.75 A		
City & State City & State				6 Floring Compaign Financian			•	
23 28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip Country Zip		Country		8. This corporation owes the curr	rent vear Intan		01003	
24	25	·	30	•	Personal Property Tax.		7	□No
	9. Name and Address of Current				10. Name and Address of New I	Registered Ag	jent	
			81	Name				
DOWN	LUM, RONALD		82	Street Addre	ess (P.O. Box Number is Not Accepta	ahle)		
9073 NW 53RD ST			01/00//100/0	(re. Bek Hamber is Het Abbept				
COF	RAL SPRINGS FL 33067		83				· · ·	4- 4- 1
÷.	•		84	City			85 Zip C	Code
		1007.1500.51				<u>FL</u>		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida⊸Such change was au	ithorized by t	-named corpo the corporation	oration submits this statement for the n's board of directors. I hereby accep	purpose of cn pt the appointn	ianging its nent as reg	registered gistered
िस्ति agent, I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statutes.					
		•						
SIGNATURE	Signature, typed or printed game of registered agent	and title if englicable (NOTE:	Registered Agent	tionatura required	when reinstating	DATE	•	ig in telliner ———
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	T-010-70-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		signature required		DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	T-010-70-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Registered Agent 13. 1.1 TITLE	signature required	when reinstating}, ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
SIGNATURE	OFFICERS AND	DIRECTORS	13.	signature required		FICERS AND		
SIGNATURE 12. TITLE	OFFICERS AND	DIRECTORS	13.			FICERS AND		
SIGNATURE 12. TITLE NAME	OFFICERS AND ST LIPSON, ERIC 9096 NW 53RD MANOR	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS		FICERS AND		
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SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND ST LIPSON, ERIC 9096 NW 53RD MANOR CORAL SPRINGS FL 33067 P	D DIRECTORS. DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-	ADDRESS		FICERS AND	Change	☐ Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90042 033 ***150.00

954 -979-8558