

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000024687 (4)

1. Corporation Name

ROMAR PROPERTIES, INC.



Principal Place of Business

Mailing Address

3047 S. ATLANTIC AVE.
SUITE 303
DAYTONA BCH. SHORES FL 32118
US

3047 S. ATLANTIC AVE.
SUITE 303
DAYTONA BCH. SHORES FL 32118
US

3. Date Incorporated or Qualified
03/31/1993

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 2967 S. ATLANTIC AVE.

27 2967 S. ATLANTIC AVE.

4. FEI Number
59-3178653

Applied For
Not Applicable

22 Suite, Apt. #, etc.
1001

27 Suite, Apt. #, etc.
1001

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 City & State
DAYTONA BCH. SHORES, FL

28 City & State
DAYTONA BCH. SHORES, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip
32118

25 Country
USA

29 Zip
32118

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMILTON, MARCIA R.
3047 S. ATLANTIC AVE.
SUITE 303
DAYTONA BCH. SHORES FL 32118

→ NEW ADDRESS →

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2967 S. ATLANTIC AVE.

83 UNIT # 1001

84 City

DAYTONA BCH. SH. FL

85 Zip Code

32118

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D HAMILTON, ROBERT
STREET ADDRESS
1200 DELK RD
CITY-ST-ZIP
LONGWOOD FL 32779

☐ DELETE

1.1 TITLE
12 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
D HAMILTON, MARCIA
STREET ADDRESS
1200 DELK RD
CITY-ST-ZIP
LONGWOOD FL

☐ DELETE

2.1 TITLE
22 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
32 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
42 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
52 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
62 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Marcia R. Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/96

Date

(407) 291-9363

Daytime Phone

CR2E034 (12/95)