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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000032874 1. Corporation Name

ROUMELY, INC.

Principal Plac	e of Busines	s	M	ailing Address				1 148118891 11	<b>                                    </b>		IM BOOKA NAMAD KANIO	1881) BIBI 1881	
16681 MCGREC				881 MCGREGOR BLVD. MYERS FL 33908									
			• • •	W. E. W. E. W. C.					DO NOT WRI	TE IN THI	S SPACE		
'								3. Date Incorpora	ated or Qualifed				7
								05/05/1993	}	_			-
2. Principal Place of Business				Mailing Address			4. FEI Number			Ar	plied For	7	
21							65-042093!	5. ·		No	ot Applicable	7	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certifcate of S	tatus Desired		\$8.75	Additional	7	
22			27				J. Certificate of S	tatus Desired	ч	Fee Re	equired		
City & State				City & State				6. Election Camp	aign Financing	U	\$5.00	May Be	
23			28	28				Trust Fund Co	ntribution	U		to Fees	
Zip		Country		Zip Cour				8. This corporation	on owes the curr	ent year Ir	ntangible		
24		25	29	29 30				Personal Prop	erty Tax.		□Yes	□No	
	9. Name	and Address of Cu	rrent Regis	tered Agent				10. Name and Ad	dress of New F	Registered	l Agent		
MIC	HAEL, CHR	18				81	Name						
16681 MCGREGOR BLVD.							Street Addr	et Address (P.O. Box Number is Not Acceptable)					
FT N	MYERS FL :	33908				83							٦.
						84	City		*	FL	85 Zip	Code	1
-11Pursuant	to the provis	ions of Sections 607	0502 and 6	07 1508 Florida Statu	es the a	hove-	-named com	poration submits this st on's board of directors	tatement for the			registered	-
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office or r	egistered ag	ent, or both, in the St	ate or riond	ia. Such change was	utnonzoc	a oy-ti	he corporation	on s board or directors	. I nereby accep	or the appo	omunent as re	gistereo	-
agent. I a	registered ag im familiar wi	ent, or both, in the St th, and accept the ob	oligations of,	Section 607.0505, Flo	rida Stati	ı-by-tı utes.	he-corporatio	on s board or directors	. I nereby accer	trie appo	onument as re	gistered	<u>-</u>
office or r agent. I a SIGNATURE	ım familiar wi	th, and accept the ob	oligations of,	Section 607.0505, Flo	rida Stati	utes.			s. I nereby accep		onument as re	gistered	
agent. I a	ım familiar wi	or printed name of registered	oligations of,	Section 607.0505, Flo	rida Stati	utes.		on s poard or directors  ad when reinstating)  ADDITIONS/CH		DATE			(60
agent. I a	ım familiar wi	or printed name of registered	oligations of,	Section 607.0505, Flo	rida Stati Registered	utes.		ed when reinstating)		DATE			14/08/
agent. I a SIGNATURE 12.	Signature, typed	or printed name of registered OFFICERS	oligations of,	f applicable. (NOTI	: Registered	Agent		ed when reinstating)		DATE	ND DIRECTO	DRS IN 12	4 (44/08)
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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 of flustee 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 attaching with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

☐ Addition