

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 8:13

DOCUMENT # P93000050203 (7)

1. Corporation Name

ROMOR VIDEO, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3100 S DIXIE HWY
#12
BOCA RATON FL 33432**

Mailing Address

**3100 S DIXIE HWY
#12
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
07/19/1993

3a. Date of Last Report
04/21/1994

4. FEI Number
65-0295101

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

22 City & State

23

State Apt. # etc.

27 City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODMAN, ROBERT
3100 S DIXIE HWY
#12
BOCA RATON FL 33432**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.001(1) and 607.1206, 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. Sandra B. Matham was authorized by this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of a registered agent, Florida Statutes.

SIGNATURE

Robert Goodman

By _____, Secretary of State, Department of State, Tallahassee, Florida

At _____

12. OFFICERS AND DIRECTORS

NAME
OFFICE ADDRESS
CITY, STATE, ZIP
NAME
OFFICE ADDRESS
CITY, STATE, ZIP
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NAME
OFFICE ADDRESS
CITY, STATE, ZIP

**D
GOODMAN, ROBERT
3100 S DIXIE HWY #12
BOCA RATON FL 33432**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

1. NAME
OFFICE ADDRESS
CITY, STATE, ZIP
2. NAME
OFFICE ADDRESS
CITY, STATE, ZIP
3. NAME
OFFICE ADDRESS
CITY, STATE, ZIP
4. NAME
OFFICE ADDRESS
CITY, STATE, ZIP
5. NAME
OFFICE ADDRESS
CITY, STATE, ZIP
6. NAME
OFFICE ADDRESS
CITY, STATE, ZIP
7. NAME
OFFICE ADDRESS
CITY, STATE, ZIP
8. NAME
OFFICE ADDRESS
CITY, STATE, ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
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☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 treasurer 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 or changed or an attachment with an address.

SIGNATURE:

Robert Goodman

ROBERT GOODMAN

Pres.

4/30/95

407-394-8384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number