SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000028291 (0)**

1. Corporation Name
ROMCO CORP.

Principal Place of Business
~~18767 CAPE SABLE DRIVE~~
~~BOCA RATON FL 33498~~

Mailing Address
~~18767 CAPE SABLE DRIVE~~
~~BOCA RATON FL 33498~~

2. Principal Place of Business
21 1730. Lauren Lane
22 Suite, Apt. #, etc.
23 City & State: LADY LAKE FLA.
24 Zip: 32159
25 Country: U.S.A.

2a. Mailing Address
26 1730. LAUREN LANE
27 Suite, Apt. #, etc.
28 City & State: LADY LAKE FLA.
29 Zip: 32159
30 Country: U.S.A.

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0564248 ☐ 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

9. Name and Address of Current Registered Agent
~~HACKNEY, ROBERT C~~
~~11891 U.S. HWY. ONE~~
~~NORTH PALM BEACH FL 33408~~
MAUREEN Bell
1730. LAUREN LANE
LADY LAKE FLA.
32159

10. Name and Address of New Registered Agent
81 Name: MAUREEN Bell
82 Street Address (P.O. Box Number is Not Acceptable): 1730. LAUREN LANE
83
84 City: LADY LAKE — FL 85 Zip Code: 32159

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: Maureen Bell - Pres. 8.19.96
Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent signature required by law — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ORKIN, ROBERT B	
STREET ADDRESS	18767 CAPE SABLE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	☐ DELETE
NAME	ROBERT C. HACKNEY	
STREET ADDRESS	4521 PGA BLVD. STE 264	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P/S MAUREEN BELL	☑ Change ☐ Addition
12 NAME	1730. LAUREN LANE	
13 STREET ADDRESS		
14 CITY-ST-ZIP	LADY LAKE - FLA. 32159	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Maureen Bell MAUREEN Bell 8/14/96 352-753-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number