

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90007 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045840

1. Corporation Name
ROMAG, INC.

Principal Place of Business
3585 N.W. 54TH STREET
FORT LAUDERDALE FL 33309
US

Mailing Address
3585 NW 54TH ST
FT. LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/20/1994

4. FEI Number
65-0528614

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

BUSH, F JOHN
3585 NW 54 ST
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 607.0502 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

| | | |
|----------------|---|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KENNAIR, JOHN | |
| STREET ADDRESS | 201 S. BISCAYNE BLVD., SUITE 2400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | KENNAIR, JOHN MARTIN | |
| STREET ADDRESS | LINDEN LANE COTTAGE, LONGHORSLEY, MORPETH | |
| CITY-ST-ZIP | NORTHNUMBERLAND EN | |
| TITLE | SV | <input type="checkbox"/> DELETE |
| NAME | MILES, LYN | |
| STREET ADDRESS | 2 LARKSPUR CLOSE, TANFIELD LEA STANLEY | |
| CITY-ST-ZIP | CO DURHAM EN | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | JONES, PETER C. | |
| STREET ADDRESS | 41 PARKLAND PONTELAND | |
| CITY-ST-ZIP | NEWCASTLE UPON TYNE EN | |
| TITLE | MV | <input type="checkbox"/> DELETE |
| NAME | BUSH, F. JOHN W. | |
| STREET ADDRESS | 9501 NW 16 STREET | |
| CITY-ST-ZIP | PLANTATION FL 33322 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | RED ROOF COTTAGE, OXHILL, STANLEY |
| 3.4 CITY-ST-ZIP | CO DURHAM ENGLAND. |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. John W. Bush

1/9/99 (954) 484 5094

Date

Daytime Phone #

CR2E034 (11/98)

0287207