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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Apr 02 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500001449 (4)

MIKE ROMANO & ASSOCIATES, INC.

		Mailing Address				141 MELLI GRIMI 11611 AIRIL AIRIL INI. 1841	
6017 PINE RIDGE ROAD SUITE 178 NAPLES FL 33999		6017 PINE RIDGE ROA	AD				
			SUITE 178 NAPLES FL 33999		DO NOT WRITE	DO NOT WRITE IN THIS SPACE.	
		MARCES IL 33333			3. Date Incorporated or Qualified		
					01/06/1995		
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		65-0549861	Not Applicabl	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Zin	Country	28 Zip	1 0	ountry	Trust Fund Contribution		
Zip 24	Country 25	29 ZIP	30	ouritry	This corporation owes or has pa Personal Property Tax due June	— · — -	
24	9. Name and Address of C		30		10, Name and Address of New Re		
THE	E PRENTICE HALL CORP S			81 Name		•	
		NOIEM HIU		Of Circuit A	2 Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301				82 Street A	ddress (P.O. Box Number is Not Acceptable)		
Inc	TALLWOOSE LE 05001			83			
				O.A. City		85 Zip Code	
				84 City		FL 85 Zip Code	
11. Pursuant I	to the provisions of Sections 60	07,0502 and 607,1508, Florida Sta	atutes, the	above-named	corporation submits this statement for the	purpose of changing its registeror	
office or re	egistered agent, or both, in the m familiar with, and accept the	 State of Florida. Such change was abligations of. Section 607.0505. 	as authoriz . Florida St	zed by the corp- tatutes.	oration's board of directors. I hereby acce	pt the appointment as registered	
	The state of the s				5 /	•	
	Merland M	ule -	_		3 /3b/X		
SIGNATURE	Signature, typed or printed name of legiste			ored Agent signature r	required when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of Tegiste	RS AND DIRECTORS	13	ored Agent signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of legister OF FICER		1.1	ored Agent signature r TITLE			
SIGNATURE 12. TITLE NAME	Gignature, typed or printed name of legiste OF FICER P ROMANO, MICHAEL	RS AND DIRECTORS DELETE	13 1.1 1.2	ored Agent signature r 3. THILE NAME		CERS AND DIRECTORS IN 12	
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