

FILE NOW: FILING FEE AFTER MAY 1ST IS \$555.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90097 045 ***158.75

DOCUMENT # P95000013904

1. Corporation Name
DIROMA, INC.

Principal Place of Business
P. O. BOX 8094
JUPITER FL 33468

Mailing Address
P. O. BOX 8094
JUPITER FL 33468



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1995

4. FEI Number

65-0571940

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 FRONTON TRAILER PARK

Suite, Apt. #, etc.

22 3617 NW 36 STREET

City & State

23 MIAMI FL

Zip

24 33142

Country

25 USA

2a. Mailing Address

26 DIROMA INC

Suite, Apt. #, etc.

27 P.O. BOX 741085

City & State

28 BOYNTON BEACH FL

Zip

29 33474-1085

Country

30 USA

9. Name and Address of Current Registered Agent

CASTORO, ROBERT

~~4643 JUNO ISLES BLVD.~~

~~NORTH PALM BEACH FL 33408~~

10. Name and Address of New Registered Agent

81 Name

ROBERT CASTORO

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

9370 LAUREL GREEN DRIVE

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33437

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

ROBERT CASTORO, PRESIDENT

JANUARY 35, 1999

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 ☐ DELETE
NAME CASTORO, MARY ELLEN
STREET ADDRESS 324 ROOSEVELT ST
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D ☐ DELETE
NAME CASTORO, DIANE
STREET ADDRESS 1275 CRYSTAL WAY
CITY-ST-ZIP DEL RAY BEACH FL 33444

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

1.1 TITLE D/V ☒ Change ☐ Addition
1.2 NAME MARY ELLEN CASTORO
1.3 STREET ADDRESS 19135 U.S. 19 NORTH APT. #H-10
1.4 CITY-ST-ZIP CLEARWATER FL 34624

2.1 TITLE D/V/S ☒ Change ☐ Addition
2.2 NAME DIANE CASTORO
2.3 STREET ADDRESS 9370 LAUREL GREEN DRIVE
2.4 CITY-ST-ZIP BOYNTON BEACH FL 33437

3.1 TITLE D/P/T ☐ Change ☒ Addition
3.2 NAME ROBERT CASTORO
3.3 STREET ADDRESS 9370 LAUREL GREEN DRIVE
3.4 CITY-ST-ZIP BOYNTON BEACH FL 33437

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Robert Castoro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 25, 1999

Date

Daytime Phone #

CR2E034 (11/98)

0373348