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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000067895 (9) **DOCUMENT #** 1. Corporation Name

ROM	PHR	LICATIONS	. INC.

Principal Place of Business Mailing Address



11116 VILLAS ON THE GREEN DRIVE. RIVERVIEW FL 33569		11116 VILLAS ON TH RIVERVIEW FL 33569	11116 VILLAS ON THE GREEN DRIVE. RIVERVIEW FL 33569			
•					3. Date incorporated or Qualified 08/30/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-333 2088	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Coun	ry	8. This corporation has liability for Florida Statutes Yes	intangible tax under s. 199.032, s. No
24	9. Name and Address of Curre		1221		10. Name and Address of New	Registered Agent
			8	1 Name		
	LUCIA, JAMES J IIGHTENGALE DRIVE		- E	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)
	EW FL 33569		1	3		
			1	4 City		FL 85 Zip Code
or register familiar wit	to the provisions of Sections 607.050 and agent, or both, in the State of Florth, and accept the obligations of, Section 2015.	rida. Such change was author	ized by the co	e-named corpo rporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing its registered offic pointment as registered agent. I am
SIGNATURE _	Signature, typod or printed name of registereo ages	nt and title if applicable.	NOTE Registered A	gent signature requir	red when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.111	E F	RESIDENT	Change Addition
NAME			1.2 NA	E J	AMES J. SANTA-LUC	21 <b>7</b>
STREET ADDRESS			1.3 STR		0443 NIGHTENGAL	
CITY-ST-ZIP			1.4 C(T	-ST-ZIP	RIVERVIEW, FI 33	569
TITLE		DELETE	2 1 111	E V	ICE DEFSIDENT	☐ Change ☐ Addition
NAME			2 2 NAI	IE :	PETER E CLEMEN	8
STREET ADORESS			2 3 STF	FET ADDRESS 6	2016 CHELAM WAY	
CITY - ST - ŽIP			2.4 CIT		BRANDON, FL 3351	
TITLE		☐ DELETE	3 1 111	LE C	SECRETARY RUPREW PURCKS	☐ Change ☐ Addition
NAME			3.2 NA	ME į	ANDREW PIACKS TILL VILLAS ON THE	EGPEEN DR.
STREET ADDRESS			3 3. ST			
CITY-ST-ZIP					RIVERVIEW, FL 33	
TOTLE		DELETE	4 1 717	LE T	TREASURY NANCY P.JACKSON 13028 PRESTWIC	☐ Change ☐ Addition
NAME			4 2 NA	1E   ]	VHNCY FUNCKSON	K DR.
STREET ADDRESS				EET ADDRESS /	RIVERVIEW, FL 3	2569
CITY - ST - ZIP					KIVERVIEW, FE 3	
TITLE		DELETE	5. 1 TIT			☐ Change ☐ Addition
NAME			5 2 NA			
STREET ADDRESS			5.3 ST	EET ADDRESS		
CITY-ST-ZIP		<u> </u>		r-ST-ZIP		
TITLE		☐ DELETE	6. 1 TC	LE		☐ Charge ☐ Addition
NAME			6 2 NA	ME j		
STREFT ADDRESS			63 ST	EET ADDRESS		
CITY-ST-ZIP			6.4 C/1	Y-\$1-ZIP		

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

SIGNATURE:

SIGNATURE:

SIGNATURE

Date

D