

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.)

APPROVED  
AND  
FILED

96 SEP -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000081930 (6)

1. Corporation Name

ROMAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10822 NW 9TH MANOR  
CORAL SPRINGS FL 33071

10822 NW 9TH MANOR  
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

10/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2381 W. Sample Rd.  
Suite, Apt. #, etc.

26 2381 W. Sample Rd.  
Suite, Apt. #, etc.

4. FEI Number

65-0623607

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

23 City & State

Coral Springs, FL

27 City & State

Coral Springs, FL

24 Zip

33065

25 Country

USA

29 Zip

33065

30 Country

USA

9. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 NW 16TH ST  
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name Robert Roman  
82 Street Address (P.O. Box Number is Not Acceptable)  
10822 N.W. 9TH MANOR  
83  
84 Coral Springs, FL 33071

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 Roman President

6/12/96

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ROMAN, ROBERT  
STREET ADDRESS 10822 NW 9TH MANOR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☐ Change ☒ Addition

12 NAME Thomas Bedwell  
13 STREET ADDRESS 2112 So. Cypress Blvd Dr. 702  
14 CITY-ST-ZIP Pompano Beach, FL 33069

21 TITLE D ☐ Change ☒ Addition

22 NAME Mitchell Galanter  
23 STREET ADDRESS 8837 S.W. 118th  
24 CITY-ST-ZIP Broomfield, FL 33433

31 TITLE D ☐ Change ☒ Addition

32 NAME Deborah B. Gregor  
33 STREET ADDRESS 10822 N.W. 9th Manor  
34 CITY-ST-ZIP Coral Springs, FL 33071

41 TITLE ☐ Change ☐ Addition

42 NAME 500001946 H15  
43 STREET ADDRESS -09/12/96--01094--014  
44 CITY-ST-ZIP \*\*\*\*\*225.00 \*\*\*\*\*225.00

51 TITLE ☐ Change ☐ Addition

52 NAME 50000081930 H15  
53 STREET ADDRESS \*\*\*\*\*8.75 \*\*\*\*\*8.75  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-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, 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: Robert Roman

6/12/96

334-919-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR