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

CORPORATION ANNUAL REPORT



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

1996

P95000097236 (0) **DOCUMENT #** 1. Corporation Name

G. ROMAN, INC.							
Principal Place of Business Mailing Address					_		A LEGISTOR I HAN SOLOT MATTE BRITE BRITE BRITE ORDIT MOTOR SALET ORDITO TITURE OF ILITARI OF ILITARIA
2166 NORTHEAST 57TH ST. FT. LAUDERDALE FL 33308			2166 NORTHEAST 57TH ST. FT. LAUDERDALE FL 33308				i
							3. Date Incorporated or Qualified 12/27/1995 3a. Date of Last Report
Principal Place of Business 1				2a. Mailing Address			4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
	City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23	Zip Country		Zip				This corporation has liability for intangible tax under s 199.032,
24	25 29			30			Florida Statutes Yes No
9. Name and Address of Current Registered Agent 81 Name						10. Name and Address of New Registered Agent	
GILBERTSON, STEPHEN W 2200 N.E. 26TH ST.				8			ss (P.O. Box Number is Not Acceptable)
						Street Addres	as (F.O. DOX NUMBER IS NOT Acceptable)
WILTON MANORS FL 33305				8	3		
				84	4	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, typod or printed raine of registered agent and be of applicable (NOTE: Registered Agent signature required when resistating). DATE:							
12	 		AND DIFFECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT	_	PST	DELETI	1. 1 TETLE	Ě		Change Addition
		oman, george 166 Northeast 57th St	7U 07		1.2 NAME		
	ET LAUDEDDALE EL				1.3 STREET ADDRESS		
CITY-ST-ZIP FI. LAU		I. LAUDLINALL I L GOOD	DELETE		1 4 CHY-ST-ZIP 2 1 TITLE		☐ Change ☐ Addition
NAME					22 NAME		
STREET ADDRESS					2.3 STREET ADDRESS		
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	TITLE		DELETI		3 1 TITLE		Change C Addition
	NAME			3 2 NAMI			
	STREET ADDRESS				3 3 STREET ADDRESS 3 4 CITY-S1-ZIP		
CHY-SI-7IP			□ D£LE"			1-214	☐ Change ☐ Addition
NAME				4.2 NAME		_ _	
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	ry-st-zip			4 4 CHY	- 51	T - 21F	
TH	THLE		DELE1	5. 1 TITE	5. 1 TITLE		Change Addition
NAME			5.2 NAMI	E			
STREET ADDRESS			5.3 STR		ADDRESS		
-	CITY-ST-ZIP		E St. C		5 4 C/1Y-ST-Z/P		Character C Addition
TITLE			☐ DELETE		6 1 TIPLE		Change Addition
	NAME PAYES ADDRESS				6.2 NAME 6.3 STREET ADDRESS		
	REE1 ADDRESS						
1/	TY-ST-ZIP 1. I do hereby ce	rtify that the information supplie	ed with this filing is voluntari	ly fumished and do	64 CITY-S1-ZIP hed and does not		r the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
confly that the information indicated on this arrush report or supplemental arrush 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 conformation or the receiver or trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it in on an artachment with an address.							

SIGNATURE: OFFICER OR DIRECTOR 4-38-96 (957)779-2616