## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** May 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000036359 (3) DOCUMENT # THE ROMEIS GROUP, INC. Principal Place of Business Mailing Address 200 CENTRAL AVENUE STE 1510 200 CENTRAL AVENUE STE 1510 ST. PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified 04/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3389916 Not Applicable 26 Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Zıp Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes ☐ No 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Namo **GOUZE, CATHERINE E** 200 CENTRAL AVENUE STE 1510 Street Address (P.O. Box Number is Not Acceptable) 82 83 ST. PETERSBURG FL 33701 84 City 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 agont, 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, typed or ported name of regin breat agent and the if applicable (NOTE Registered Apont signature required when (einstature) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ■ Addition 1.1 TITLE TITLE ROMEIS, RICHARD J M.D. 1.2 NAME NAME 200 CENTRAL AVENUE STE 1510 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 THLE Change Addition TITLE NAME GOUZE, CATHERINE E 2.2 NAME 200 CENTRAL AVENUE STE 1510 STREET ADORESS 2.3 STREET ADDRESS ST. PETERSBURG FL 33701 CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE 31 TITLE Change ■ Addition TITLE GOUZE, STEPHEN P 32 NAME NAME 200 CENTRAL AVENUE STE 1510 3.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME NISSENBAUM, RICHARD 4. 2 NAME 200 CENTRAL AVENUE STE 1510 4 3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

14. Thereby certify that the information supplied with this filling 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 supplied entited annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of this corporation or the receiver or trustee empoyabled to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY - ST - ZIP

5.4 CiTY - ST - ZIP

61 TITLE

62 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

4-28-98 813-823-0997

Change

☐ Addition