

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90011 048 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000101336**

CORPORATION NAME  
**ROMAR SERVICES, INC.**

Principal Place of Business  
**S 9TH ST  
JACKSONVILLE BEACH FL 32250**

Mailing Address  
**704 S 9TH ST  
JACKSONVILLE BEACH FL 32250  
US**

5 8 5085 5 8 8 5  
585085-90011-48



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/01/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3426170</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETE	<b>PSTD TURNER, ROBERT R 1113 RANNIE STREET JACKSONVILLE BEACH FL 32250</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		1.2 NAME	
DELETE		1.3 STREET ADDRESS	
DELETE		1.4 CITY-ST-ZIP	
DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		2.2 NAME	
DELETE		2.3 STREET ADDRESS	
DELETE		2.4 CITY-ST-ZIP	
DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		3.2 NAME	
DELETE		3.3 STREET ADDRESS	
DELETE		3.4 CITY-ST-ZIP	
DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		4.2 NAME	
DELETE		4.3 STREET ADDRESS	
DELETE		4.4 CITY-ST-ZIP	
DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		5.2 NAME	
DELETE		5.3 STREET ADDRESS	
DELETE		5.4 CITY-ST-ZIP	
DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		6.2 NAME	
DELETE		6.3 STREET ADDRESS	
DELETE		6.4 CITY-ST-ZIP	

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.

SIGNATURE

*Robert R. Turner*

7-5-99 (904)297-6668

CR2E034 (5/99)