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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017023

ROGER TROMRING CONSULTING CO

noden i	HOMBING CONSOLTING				
Principal Place of Business Mailing Address					1 19511det 158 (1850) 9631 main) 9631 main) 9631 main)
14501 S.W. 79TH AVENUE 14501 S.W. 79TH AVENUE					
MIAMI FL 33158 MIAMI FL 33158					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					02/19/1997
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
_		26			65-0731296 Not Applicable
21		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
22		27			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23	_	28			Trust Fund Contribution Added to Fees
Zip	Zip Country Zip		Country	y	8. This corporation owes the current year intangible
24	25	29 30	<u> </u>		Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent
TDO	MOINO BOCED		6	1	·
TROMBINO, ROGER			82	Street A	Address (P.O. Box Number is Not Acceptable)
14501 S.W. 79TH AVENUE			83	, — –	- 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
MIAMI FL 33158			8.3	1	
			84	City	85 Zip Code
				J	FL
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		ALOTS: D	internal Acre	ant cionature rec	equired when reinstating) DATE
Signature, types or printed harries of registroops			13.	ent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		□ DELETE	1.1 TITLE	T	Change Addition
TITLE			1.2 NAME		
NAME	· · · · · · · · · · · · · · · · · · ·		1	ET ADDRESS	, .
STREET ADDRESS	ANAMA CLOOKSO		1.4 C(TY-		
CITY-ST-ZIP	INDIAN 1 E SO TOO		2.1 TITLE		Change Addition
TITLE	TROMBINO, JOANN	_	2.2 NAME	.	
NAME	14501 S.W. 79TH AVENUE			ET ADDRESS	
STREET ADDRESS	MIAMI FL 33158		2.4 CITY		
CITY-ST-ZIP			3.1 TITLE		. Change Addition
TITLE	32		3.2 NAME		
NAME				ET ADDRESS	きょうしん これい かいたかり おも 燃料 ほう
STREET ADDRESS	RESS)		3.4. CITY		1000000000000000000000000000000000000
CITY-ST-ZIP TITLE			4,1 TITLE		☐ Change → ② ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
			4.4 CITY	ST-ZIP	
CITY-ST-ZIP		□ DELETE	5 1 TITL C		☐ Change ☐ Addition

6.4 CITY-ST-ZIP 14. 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, on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90083 050 ***150.00

305-233-6357

Addition