

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

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000029977 (0)
1. Corporation Name
ROMARE MARKETING SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4690 AYRON TERRACE, PALM HARBOR FL 34685
Mailing Address: 4690 AYRON TERRACE, PALM HARBOR FL 34685

3. Date Incorporated or Qualified: 04/02/1997

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: 59-3435895 201512
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. [X] Yes [] No

9. Name and Address of Current Registered Agent: SCHLUCHTER, RONALD, 4690 AYRON TERRACE, PALM HARBOR FL 34685

10. Name and Address of New Registered Agent (81-85): FURST, MARILYN J., 4690 AYRON TERRACE, PALM HARBOR FL 34685

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] DATE: 4-30-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MARTHA SPARKS	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PRESIDENT	2.1 TITLE	V.P.
NAME	FURST, MARILYN J.	2.2 NAME	SCHLUCHTER, RONALD G.
STREET ADDRESS	SAME AS ABOVE	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V.P.	3.1 TITLE	
NAME	SCHLUCHTER, RONALD G.	3.2 NAME	
STREET ADDRESS	SAME	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4-30-98

CR2E034 (10/97)