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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054298 (9)

CHARLES ROMANOFF, INC.

FILED Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 328 ROYAL POINCIANA PLAZA 328 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 328 Royal Founciana 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. ☐ Yes 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 21 ROMANOFF, CHARLES 328 ROYAL POINCIANA PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 83 84 City Zip Code 85 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, Sportin 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PRESIDENT DELETE 1.1 TITLE Change Addition TITLE CHARLES ROMANOFF NAME 1.2 NAME 328 Royal Penciana Plaza STREET ADDRESS 1.3 STREET ADDRESS Palm Beach, FT 33480 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 3.1 TITLE Change ___ Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME **6.2 NAME** 6.3 STREET ADDRESS STREET ADDRESS 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:

GROMENT OF RED

;R2E034 (10/97)