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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Sandra 🏣 Gortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062863 (0)

RON'S FIRST FRAME PRO SHOP, INC. Principal Place of Business Mailing Address 1940 N UNIVERSITY OR 1940 N UNIVERSITY DR PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1997 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 65-0769326 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name TROMBINI, RONALD 1940 N UNIVERSITY DR 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 83 84 Zip Code 11. Pursuant to the provisions of Soctions 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 appraishly and accept the purpose of changing its registered agent. I appraishly and accept the appointment as registered agent. I appraishly and accept the purpose of changing its registered agent. I appraishly a submit a su Ronald Trombini d agert and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change __ Addition TITLE 1.1 TITLE TROMBINI, RONALD NAME 1.2 NAME **6830 NW 8 STREET** STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition TROMBINI, JOYCE NAME 2.2 NAME **8830 NW 8 STREET** STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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.