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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700069794

ROMAI'S INC.

FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90009 012 ***550.00

Principal Place	of Rusiness	Mailing Address			I
2336 EVEREST		2336 EVEREST PKWY.			
CAPE CORAL		CAPE CORAL FL 33904			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 08/11/1997
2 Deinging D	lace of Business	2a. Mailing Address			4. FEI Number Applied For
2. Principal Pi	SE 11th PL.	26 Walling Address			- 65-0774742 Not Applicable
21 <i>46 46</i> Suite, Apt.	# oto	Suite, Apt. #, etc.			\$8.75 Additional
22	#, 0 10.	27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
	A /	28			Trust Fund Contribution Added to Fees
23 <i>CAP</i>	Country	Zip	Cour	ntrv	8. This corporation owes the current year
24 339	— .	29	30	,	Intangible Personal Property. Yes No
24 00 /	9. Name and Address of Curre		1301		10. Name and Address of New Registered Agent
	b. Hallo and Addiess of Carro	THE TRUBE CONTRACTOR OF THE PROPERTY OF THE PR		81 Nan	
FISH	HER, LEIGH M				
	5 SEW 40TH ST., SUITE B			82 Stre	treet Address (P.O. Box Number is Not Acceptable)
	PE CORAL FL 33904	•	}	83	
· · ·				"	
				84 City	FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.050	02 and 607.1508, Florida Statuti	es, the abo	ve-name	ned corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State orn familiar with, and accept the oblic	e of Florida. Such change was :	authorized	l by the co	corporation's board of directors. I hereby accept the appointment as registered
	- 10 /- 12 U	Jacques of, section our .0000, 1 h	Orida Otati	100.	
SIGNATURE _	Signature Operation of registered age	ent and title if applicable. (N	OTE: Register	ed Agent sign	signature required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDT	DELETE	1.1 TIT	LE	Change Addition
NAME	rodino, nazarena		1.2 NA	ME	
STREET ADDRESS	2336 EVEREST PKWY.		1.3 STF	REET ADDRES	RESS
CITY-ST-ZIP	CAPE CORAL FL 33904				1200
TITLE	VSD		1.4 CIT	Y-ST-ZIP	
NAME	RODINO, ALFRED	DELETE	1.4 CIT 2.1 TIT		Change Addition
	RUDINO, ALFRED	DELETE		LE	
		DELETE	2.1 TIT 2.2 NA	LE	Change Addition
STREET ADDRESS	2336 EVEREST PKWY.	DELETE	2.1 TIT 2.2 NAI 2.3 STF	LE ME	Change Addition
CITY-ST-ZIP			2.1 TIT 2.2 NAI 2.3 STF	LE ME REET ADDRES Y-ST-ZIP	Change Addition
CITY-ST-ZIP TITLE	2336 EVEREST PKWY.	DELETE	2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT	LE ME REET ADDRES Y-ST-ZIP LE	Change Addition
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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:

paggeress to live

9-8-99

941-549-6737

R2E034 (5/99)