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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000103130 (5) DOCUMENT #
1. Corporation Name

DAVID L. ROMANO, P.A.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4213 W. HILLSBORO BLVD. 4213 W. HILLSBORO BLVD. **COCONUT CREEK FL 33073** COCONUT CREEK FL 33073 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zlp Country Country This corporation owes or has paid the current year Intangible Yes Yes ∏ No 24 30 Personal Property Tax due June 30. 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LASALLE, THOMAS L 5353 N. FEDERAL HIGHWAY #405 82 Street Add FORT LAUDERDALE FL 33308 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above flamed corboration 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** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition Addition TITLE 1.1 TITLE ROMANO, DAVID L NAME 1.2 NAME 4213 W. HILLSBORO BLVD. STREET ADDRESS 1.3 STREET ADDRESS **COCONUT CREEK FL 33073** CITY - ST-ZIP 1.4 CITY - ST - ZIP DELETÉ Channe Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE 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 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 changer, or an attachment without address.