

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

FILED
Apr 24 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 # P97000103643 (7)

1. Corporation Name
ROME SUPPLY CORPORATION



Principal Place of Business
4380 NW 103 DRIVE
CORAL SPRINGS FL 33065

Mailing Address
4380 NW 103 DRIVE
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4153 SW 47th Ave
Suite, Apt. #, etc.

22 Suite 145
City & State
23 FT LAUDERDALE, FL

24 Zip 33314
Country 25 USA

9. Name and Address of Current Registered Agent

SHERMAN, THOMAS G
218 ALMERIA AVENUE
CORAL GABLES FL 33134

2a. Mailing Address
26
Suite, Apt. #, etc.

27
City & State

28 Zip
Country 29

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number
EIN 65-0804357
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name DARLENE BALDINO
82 Street Address (P.O. Box Number is Not Acceptable)
4380 NW 103 DRIVE
83 CORAL SPRINGS, FL
84 City CORAL SPRINGS, FL 85 Zip Code 33065

11. Pursuant to the provisions of Sections 607.0002 and 607.1408, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, in both, in the State of Florida, which change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am duly qualified and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Darlene A. Baldino* DATE 4/13/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BALDINO, DARLENE A.
STREET ADDRESS	4380 NW 103 DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

CR2E034 (10/97)