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

PROFIT CORPORATION ANNUAL REPORT

1998



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103643 (7)

ROME SUPPLY CORPORATION

## FILED Apr 24 1998 8:00am Secretary of State



2. Principal Place of Business 21	7/15/18
2. Principal Place of Business 2. Mailing Address 2. H/53 SW 47 Avc 26 Suite, Apt. #, etc. 2. Suite, Apt. #, etc.	3. Date Incorporated or Qualified  12/08/1997  4. FEI Number  CIN 65 - 080 435 7   Applied For Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution   Added to Fees  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes   No  0. Name and Address of New Registered Agent  2. ABALDING  (P.O. Box Number is Not Acceptable)
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2. Principal Place of Business 21 #/53 SW #7** Avc 26 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 FT LAVOCADALE FL 28 Zip Country 7(p) Country 24 333/ # 25 SA 29 30  9. Name and Address of Current Registered Agent 11 SHERMAN, THOMAS Q 218 ALMERIA AVENUE CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.002 and 607.1608. Florida Statutes, the above-named corporation office or registered agent, in both, in the State of Lorida Statutes, the above-named corporation agent. Lambanity with and accept the full interests of Section 607.0505. Florida Statutes.  SIGNATURE	12/08/1997  4. FEI Number  CIN 65 - 080 435 7   Not Applied For Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution   Added to Fees  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes   No  0. Name and Address of New Registered Agent    Part   Par
21 #/53 SW #7# Avc 26 Suite, Apt. #, etc.  22 Suite, Apt. #, etc.  23 FT LAVOCADALE FL 28  Zip Country 7(p) Country  24 333/ # 25 USA 29  30 Name and Address of Current Registered Agent  SHERMAN, THOMAS G 218 ALMERIA AVENUE CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.002 and 607.1608. Florida Statutes, the above-named corporat office or registered agent, in both, in the State of Lorida, Such change was authorized by the corporation's agent. Lambanity with and occept the fibrility and 607.0505. Florida Statutes.  SIGNATURE	4. FEI Number  CIN 65 - 080 435 7 Not Applied For Not Applicable  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  0. Name and Address of New Registered Agent  PARALLING  (P.O. Box Number is Not Acceptable)  SPECIALS  FL 85 Zip Code 33065  tion submits this statement for the purpose of changing its registered soard of directors. I hereby accept the appointment as registered
21 #/53 SW #7# Avc 26 Suite, Apt. #, etc.  22 Suite, Apt. #, etc.  23 FT LAVOCADALE FL 28  Zip Country 7(p) Country  24 333/ # 25 USA 29  30 Name and Address of Current Registered Agent  SHERMAN, THOMAS G 218 ALMERIA AVENUE CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.002 and 607.1608. Florida Statutes, the above-named corporat office or registered agent, in both, in the State of Lorida, Such change was authorized by the corporation's agent. Lambanity with and occept the fibrility and 607.0505. Florida Statutes.  SIGNATURE	5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution 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  PLOS BOX Number is Not Acceptable)  10. September 1. September 1. September 2. September 2. September 3. September 2. September 3. September 3. September 2. September 3. Se
Suite, Apt. #, etc.  22	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  0. Name and Address of New Registered Agent  PLO BOX Number is Not Acceptable)  FL 85 Zip Code 33065  tion submits this statement for the purpose of changing its registered so board of directors. I hereby accept the appointment as registered
City & State  City & State  City & State  Zip  Country  Zip  SHERMAN, THOMAS G  218 ALMERIA AVENUE  CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607,0502 and 607,1608, Florida Statutes, the above-named corporat office or registered agent, in both, in the State of loridal Statutes, the above-named corporation's agent. Lambanity with all discrept high billioning of Sections 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No  0. Name and Address of New Registered Agent  PLANA PALAINO (P.O. Box Number is Not Acceptable)  SPECIALS  FL  85  Zip Code 33065  tion submits this statement for the purpose of changing its registered so board of directors. I hereby accept the appointment as registered
City & State  23 FT LAVOEDACE FC 28  Zip Country 7tp Country  24 333/ 4 25 USA 29 30  9. Name and Address of Current Registered Agent 10  SHERMAN, THOMAS G 218 ALMERIA AVENUE 82 Street Address CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.0502 and 607.1608. Florida Statutes, the above-named corporat office or registered agent, in both, in the State of Lorida Statutes, the above-named corporation's agent. Lambour with all discrepting tibility agent. Statutes (Section 607.0505, Florida Statutes).	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  O. Name and Address of New Registered Agent  PLOS BOX Number is Not Acceptable)  The Specific Street Specific Speci
Zip Country Zip Country Zip Country Zip Country Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  O. Name and Address of New Registered Agent  PLO BOX Number is Not Acceptable)  FL 85 Zip Code 33065  tion submits this statement for the purpose of changing its registered soard of directors. I hereby accept the appointment as registered
Zip Country Zip Country Zip Country Zip Country Zip	Personal Property Tax due June 30. Yes No  O. Name and Address of New Registered Agent  PLONE BALDINO (P.O. Box Number is Not Acceptable)  PLONE FL 85 Zip Code Stion submits this statement for the purpose of changing its registered shoard of directors. I hereby accept the appointment as registered  4//3/98
SHERMAN, THOMAS G  218 ALMERIA AVENUE  CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607,0902 and 607,1608, Florida Statutes, the above-named corporat office or registered agent, in both, in the State of lorida Statutes, the above-named corporation's agent. Lambanita with a lab accept in tibil pages (Section 607,0595, Florida Statutes).  SIGNATURE	O. Name and Address of New Registered Agent  PLACE BALDING (P.O. Box Number is Not Acceptable)  PLACE BALDING (P.O. Box Number is Not Acceptable)  PLACE BALDING (P.O. Box Number is Not Acceptable)  PLACE BALDING FL 85 Zip Code 33065  tion submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered  4//3/98
SHERMAN, THOMAS G 218 ALMERIA AVENUE CORAL GABLES FL 33134  82 Street Address 83 COCA  11. Pursuant to the provisions of Sections 607.002 and 607.1608. Florida Statutes, the above-named corporat office or registered agent, in both, in the State of loridal Statutes, the above-named corporation's agent. Lambanity with address the original Statutes.  SIGNATURE	(P.O. Box Number is Not Acceptable)  PAULOS PLINES FL 85 Zip Code 33065  tion submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered 4//3/98
218 ALMERIA AVENUE 218 ALMERIA AVENUE CORAL GABLES FL 33134  82 Street Address 83  84 City Colom 11. Pursuant to the provisions of Sections 607.0702 and 607.1608. Florida Statutes, the above-named corporat office or registered agent, in both, in the State of lorida Statutes, the above-named corporation's agent. Family military and acceptant of the statutes of Section 607.0505. Florida Statutes.  SIGNATURE	(P.O. Box Number is Not Acceptable)  SPRINGS FL 85 Zip Code 33065  tion submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered  4//3/98
CORAL GABLES FL 33134  83  84  City  11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation office or registered agent, in both, in the State of longer Auch change was authorized by the corporation's agent. Lam bright via and accept the ubility ways (Section 607.050). Florida Statutes.  SIGNATURE	(P.O. Box Number is Not Acceptable)  SPRINGS FL 85 Zip Code 33065  tion submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered  4//3/98
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A setting typical or profiled name of red, ten of agree and other if another ble (NOT). Registered Agent signature required with	
12. OF IQUES AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
WILE PD DELETE 11 TITLE	L'I Change L'I Addition
NAME BALDINO, DARLENE A. 12 NAME	
STREET ADDRESS 4380 NW 103 DRIVE 13 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33065 14 CITY-ST-ZIP	Change Addition
	C Outside C Vannati
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
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NAME 62 NAME	
. STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	140 07/0V// Clarida Platidos   Further again, that the information
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec indicated on this annual report or supplemental annual report is true and accurate and that my signature st officer or director of the corporation or the recover or trustee empowered to execute this report as required	अवता राज्यत्वरहात, तावावव अवावावडः राधातावा व्यक्तात्वर ताव ातवातावातावाता ;hall have the same legal effect as if made under oath; that I am an