

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90023 005 ***158.75

DOCUMENT # P97000103643

1. Corporation Name
ROME SUPPLY CORPORATION

Principal Place of Business
4153 S W 47TH AVENUE
SUITE 148
FT LAUDERDALE FL 33314
US

Mailing Address
4153 SW 47TH AVE
SUITE 148
FT. LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1997

4. FEI Number
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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 2242 MEARS PKWY
Suite, Apt. #, etc.

2a. Mailing Address
26 2242 MEARS PKWY
Suite, Apt. #, etc.

22 City & State
23 MARGATE, FLORIDA

27 City & State
28 MARGATE, FLORIDA

24 Zip 33063 25 Country U.S.A.

29 Zip 33063 30 Country U.S.A.

9. Name and Address of Current Registered Agent

BALDINO, DARLENE A
4380 N W 103RD DRIVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Darlene A. Baldino, President
Signature, typed or printed name of registered agent and title if applicable.

4/25/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BALDINO, DARLENE A
STREET ADDRESS 4380 NW 103 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 all other like empowered.

SIGNATURE: Darlene A. Baldino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

954-584-5280
Daytime Phone #

CR2E034 (1/98)