


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90011 009 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000094914</b> 1. Corporation Name <b>ROMAN TECHNOLOGIES INC.</b>					
Principal Place of Business <b>2328 BLACKJACK OAK STREET</b> <b>OCOE FL 34761</b>			Mailing Address <b>2328 BLACKJACK OAK STREET</b> <b>OCOE FL 34761</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>11/06/1998</b>					
2. Principal Place of Business 21 <b>2328 Black Jack Oak St</b> Suite, Apt. #, etc. 22 City & State 23 <b>OCOE FL</b> Zip 24 <b>34761</b>		2a. Mailing Address 26 <b>Roman technologies</b> Suite, Apt. #, etc. 27 <b>2328 Black Jack Oak St</b> City & State 28 <b>OCOE FL</b> Zip 29 <b>34761</b>		4. FEI Number <b>59-3535468</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>DIMARZIO, JEROME D</b> <b>2328 BLACKJACK OAK STREET</b> <b>OCOE FL 34761</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <u>(current agent)</u> <b>4/28/99</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE <b>President CEO</b> <input type="checkbox"/> DELETE NAME <b>Jerome D. Marzio</b> STREET ADDRESS <b>2328 Black Jack Oak St</b> CITY-ST-ZIP <b>OCOE FL 34761</b> 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 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99 (407) 761-0624**  
 Date Daytime Phone #

CR2E034 (1/98)