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

COF	PROFIT RPORATION UAL REPORT	FLORIDA DEPART Sandra B. Secretary	Mortham of State		998 8:00am ry of State
	1998 MENT # S44536 EY G. ROMANO, P.A.	6 (8)	DRECHATIONS		
1005 LAKE A	e of Business VE . 4 FL 33460-3709	Mailing Address 1005 LAKE AVENUE LAKEWORTH FL 33460-709 US		DO NOT WRITE II 3. Date Incorporated or Qualified	
2. Principal F 21 Suite, Apt. 22 City & Stat 23		28. Mailing Address 26 8 2 4 No. Suite, Apt. #, etc. 27 City & State 28 La Re Work	Lakeside Dr.	04/09/1991 FEI Number 65-0263583 Certificate of Status Desired Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
824	25 9. Name and Address of Current MANO, RODNEY G. 4 LAKESIDE DRIVE NORTH KE WORTH FL 33460		81 Name 82 Street Addre 83 84 City	8. This corporation owes or has paid Personal Property Tax due June 3 10. Name and Address of New Regions 20. Population of New Regions (P.O. Box Number is Not Acceptable) 20. Regions (P.O. Box Number is Not Acceptable)	0. Ves No
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obligations of the state of the stat	of Florida. Such change was au itions of, Section 607.0505, Flori	thorized by the corporation	oration submits this statement for the pur on's board of directors. I hereby accept d when reinstating)	pose of changing its registered
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANO, RODNEY G. 1005 LAKE AVENUE LAKEWORTH FL 09		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMANO, RODNEY G 1005 LAKE AVE LAKE WORTH FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition C
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6.1 TRILE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

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 truetes 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 that I am an officer or director of the corporation or the receiver or truetes 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 that I am an officer or director of the corporation or the receiver or truetes empowered to execute this report as required by Chapter 607, Florida Statutes.

FILED