

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

(Business Entity Name)

(Document Number)

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CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

54 MAR 17 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name RODNEY G. ROMANO, P.A.		DOCUMENT # 4536 (8)	
Mailing Address 824 LAKESIDE DRIVE NORTH LAKE WORTH FL 33460		Principal Place of Business 824 LAKESIDE DRIVE NORTH LAKE WORTH FL 33460	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. Mailing Address 21 Suite, Apt. #, etc.		2a. Principal Place of Business 26 1005 LAKE AVE.	
22 City & State		27 City & State LAKE WORTH FLORIDA	
23 Zip		28 Zip	
24 Country		29 Country U.S.A.	
25		30	
9. Name and Address of Current Registered Agent ROMANO, RODNEY G. 824 LAKESIDE DRIVE NORTH LAKE WORTH FL 33460		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 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this change of registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: 3/14/94			
12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		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		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		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		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		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		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I review the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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, Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>[Signature]</i> DATE: 3/14/94 FILE: 407 5336710			