

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V48267 (1)**  
1. Corporation Name  
**ROMANSON, INC**



Principal Place of Business: **210 - 174TH STREET SUITE 1103 NORTH MIAMI BEACH FL 33160**  
Mailing Address: **210 - 174TH STREET SUITE 1103 NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business: **9453 HARDING AVE SUITE 1103 SURFSIDE FLORIDA 33154**  
2a. Mailing Address: **9453 HARDING AVE SUITE 1103 SURFSIDE FLORIDA 33154**

3. Date Incorporated or Quiaimed: **06/29/1992**  
3a. Date of Last Report: **04/07/1995**  
4. FEI Number: **65-0344081**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**GOMBERG, ROMAN  
210 - 174TH STREET  
SUITE 1103  
NORTH MIAMI BEACH FL 33160**

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 607.032 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, principal place of business, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Roman GOMBERG* *Roman Gomberey* **2-25-96**

12. OFFICERS AND DIRECTORS

1. TITLE	<b>P</b>	<input type="checkbox"/> DELETE
2. NAME	<b>GOMBERG, ROMAN</b>	
3. STREET ADDRESS	<b>210 174TH ST</b>	
4. CITY, STATE, ZIP	<b>N MIAMI BEACH FL</b>	
5. TITLE	<b>S</b>	<input type="checkbox"/> DELETE
6. NAME	<b>GOMBERG, FIRA</b>	
7. STREET ADDRESS	<b>210 174 STREET STE 1103</b>	
8. CITY, STATE, ZIP	<b>NORTH MIAMI BEACH FL</b>	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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.

SIGNATURE: *Roman GOMBERG* *Roman Gomberey* **2-25-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)