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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V48610

1. Corporation Name

JOROM, INC.

Principal Place of Business

3400 GULF BLVD JOROM INC D/B/A RONAY ST PETE BEACH FL 33706 US		PO BOX 67214 ST PETE BEACH FL 33736-7214 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/01/1992			
-		2a. Mailing Address	-		4. FEI Number	<u> </u>	pplied For
21		26			65-0355252		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired — \$8.75 Additional Fee Required		
City & State	2	City & State			6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip 24	Country Zip Cou 25 29 30			Personal Property Tax. ☐ Yes ☐ No			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
14/510			81	Name			
WEISS, MICHAEL N. 1401 BRICKELL AVENUE			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
SUITE 300			83				
MIAM	II FL 33131		84	City	. F	L 85 Zip	Code
office or re	to the provisions of Sections 607.050 sgistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was aut	inorizea ov	the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its ointment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE.	Registered Ager	it signature req	uired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р	☐ DELETE	1.1 TITLE			Change	Addition
NAME	RONAY, JORGE		1.2 NAME				
STREET ADDRESS	5901 SUN BLVD #202		1.3 STREE	ADDRESS		•	
CITY-ST-ZIP	TIERRA VERDE FL 33715		1.4 CITY-S	T-ZIP			- Addition
TITLE	S	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	RONAY, MASHA		2.2 NAME				
STREET ADDRESS	5901 SUN BLVD #202		2.3 STREE	ADDRESS	4.5		
CITY-ST-ZIP	TIERRA VERDE FL 33175		2. 4 CITY- S	T-ZIP	-	·	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				į
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP		···	3.4. CITY-5	T-ZIP			Addition
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE		· • ,	Change	- Addition (
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE			•	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		•	Change	Addition
NAME	·	, ,	6.2 NAME				Į
STREET ADDRESS				TADDRESS	,		
CITY-ST-ZIP			6.4 CITY-S	T-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 in 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 THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-367-5803

FILED

03-04-1999 90231 031 ***150.00

Mar 04, 1999 8:00 am Secretary of State