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FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P32964 (9)
 1. Corporation Name
ROGERS LTD., INC.



Principal Place of Business Mailing Address
124 CITY CENTRE **124 CITY CENTRE**
DROP BOX #1 **DROP BOX #1**
MIDDLETOWN OH 45042 **MIDDLETOWN OH 45042-1923**

3. Date Incorporated or Qualified 3a. Date of Last Report
02/13/1991 **06/19/1996**

4. FEI Number Applied For
31-1257539 Not Applicable

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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	LAZAROW, THEODORE S.
STREET ADDRESS	124 CITY CENTRE
CITY-ST-ZIP	MIDDLETOWN OH
TITLE	PD <input type="checkbox"/> DELETE
NAME	LAZAROW, JEFFREY W.
STREET ADDRESS	124 CITY CENTRE
CITY-ST-ZIP	MIDDLETOWN OH
TITLE	VTSD <input type="checkbox"/> DELETE
NAME	BLAKE, ALAN C
STREET ADDRESS	124 CITY CENTRE MART
CITY-ST-ZIP	MIDDLETOWN OH
TITLE	VP <input type="checkbox"/> DELETE
NAME	CARNEY, CHAVIS
STREET ADDRESS	124 CITY CENTRE
CITY-ST-ZIP	MIDDLETON OH
TITLE	VP <input type="checkbox"/> DELETE
NAME	ISROFF, RICHARD
STREET ADDRESS	124 CITY CENTRE
CITY-ST-ZIP	MIDDLETON OH
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.8 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.8 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.8 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.8 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.8 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.8 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Richard Isroff* **SECRETARY**

4-22-97

CFR2E034 (9/96)