Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P32964**

1. Corporation Name

ROGERS LTD., INC.

Principal Place of Business

124 CITY CENTI DROP BOX #1 MIDDLETOWN C		124 CITY CENTRE DROP BOX #1 MIDDLETOWN OH 45042  2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS  3. Date incorporated or Qualifed 02/13/1991  4. FEI Number	SPACE	Applied For
2. Fillicipairii	ace of business	26			31-1257539		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired		5 Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip 24	Country 25	Zip 30	ountry		This corporation owes the current year In Personal Property Tax.	tangible Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
CT C	ODDODATION SVSTEM		81	Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION EL 22224			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
PLAN	NTATION FL 33324		83				
		•	84	City	FL	85 Z	ip Code
agent. I ar	m familiar with, and accept the obligation of the obligation of the state of the st	tions of, Section 607.0505, Florida 5 t and title if applicable. (NOTE: Registr	red Ager		ired when reinstating)  DATE  ADDITIONS/CHANCES TO DESIGNED A		
12.			3. 1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Chan	
TITLE	D Lazarow, Theodore S.	_	2 NAME				g
NAME	124 CITY CENTRE			ADDRESS			1
STREET ADDRESS	MIDDLETOWN OH		4 CITY-S				
CITY-ST-ZIP TITLE			1 TITLE			Chan	ge 🔲 Addition
NAME	LAZAROW, JEFFREY W.		2 NAME				
STREET ADDRESS	124 CITY CENTRE	2	3 STREE	ADDRESS			
CITY-ST-ZIP	MIDDLETOWN OH	2	4 CITY-5	IT-ZIP			
TITLE	VTSD □ DELETE 3.1		1 TITLE			Chan	ge
NAME	BLAKE, ALAN C	3	2 NAME				
STREET ADDRESS	124 CITY CENTRE MART	3	3 STREE	FADDRESS			
CITY-ST-ZIP	MIDDLETOWN OH		4. CITY-S	T-ZIP		Chan	ige Addition
TITLE	<del>-</del>		1 TITLE			□ Cilai	ige 🗀 Addidon
NAME	ISROFF, RICHARD		2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE			4 CITY-S 1 TITLE	1- £IP		Char	ige Addition
NAME		<del></del>	2 NAME	ļ		_	.
STREET ADDRESS		5	3 STREE	TADORESS			ļ
CITY-ST-ZIP		5	4 CITY-S	T-ZIP			
TITLE		☐ DELETE 6	1 TITLE			Char	nge Addition
NAME		. 6	2 NAME		-		Į
		6	3 STREE	TADDRESS			

6.4 CITY-ST-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 by 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 announced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90113 037 \*\*\*150.00