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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 409474 BERT RODGERS SCHOOLS OF REAL ESTATE INC. Principal Place of Business Mailing Address P.O. BOX 4708 1970 LANDINGS BLVD. **SARASOTA FL 34230-4708** SUITE #110 DO NOT WRITE IN THIS SPACE SARASOTA FL 34231 3. Date Incorporated or Qualified 09/26/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 59-1413713 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Rodgers, Bert 1970 LANDINGS BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE #110 83 SARASOTA FL 34231 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PTSD DELETE 1.1 TITLE Change ___ Addition NAME LORI RODGERS 1.2 NAME 4671 GLEASON AVE STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change TITLE 2.1 TITLE RODGERS, LORI NAME 2.2 NAME 1970 LANDINGS BLVD. STREET ADDRESS 2.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not challify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual epont 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 occiver of trustee employeered 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.

OLONIATURE /

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May 04 1998 8:00am

Secretary of State