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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

412625

(6)

ROGAR, INC.

FILED Mar 16 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address											
12769 W. FOREST HILL BLVD., STE. E. 12769 W. FOREST HILL BLV)., STE. E.							
WELLINGTON	FL 33414	WELLINGTON FL 3341	WELLINGTON FL 33414				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified				
i							11/10/1972				
2. Principal Pl	ace of Business	2a. Mailing Address					4, FEI Number		7 7	Applied For	
21		26					59-1513430			ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.						7	\$8.75	Additional	
22		27	27				b, Certificate of Status Desired		Fee F	Required	
City & State	9	City & Stato	City & Stato				6. Election Campaign Financing		\$5.0	May Be	
23		28					Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Cou	untry	,		8. This corporation owes or has paid				
24	26	29	30	,			Personal Property Tax due June 3			□ No	
	9. Name and Address of Curre	ent Registered Agent		81	T 61-		10. Name and Address of New Regi	stered A	gent		
	RRIS, JOHN			10	Nar	ne					
12769 W. FOREST FOREST HILL					Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			
	ITE E			-	—						
į WE	ELLINGTON FL 33414			83	1					ļ	
1				84	City			F= 1	85 Zir	Code	
					<u> </u>			FL	<u> </u>		
11. Pursuant t	to the provisions of Sections 607.05	.02 and 607.1508, Florida Sta re of Florida, Such change wa	tutes, the a	bove d h	a-nam v the r	ned corpo corporatio	pration submits this statement for the pur	pose of the appo	changing intment a	its registered	
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Sta	tutes	8.	ou portano	on's board of directors. I hereby accept				
SIGNATURE				<u>-</u>							
	Signature, typed or printed hanks of registered at			d Age	ant sign	alure required	d when reinstating)	DATE DC AND	DIDECTO	DC IN 10	
12.	DEFICERS AT	ND DIRECTORS DELETE	13. 1.1 1	OT LE	-	—т—	ADDITIONS/CHANGES TO OFFICE		Change		
TOTLE	•								L) Change	L 700,11011	
NAME	COLE, ALEXANDER		1.2 N								
STREET ADDRESS	625 AVENUE RD. #901	1/7			ADDRE	:SS					
CITY-SI-ZIP	TORONTO, CANADA M4V 2				7 - ZIP				Change	Addition	
TOTLE	SV DEATHOR	DELETE	2.1 Ti			-				LI ADOILION	
NAME	COLE, BEATRICE		2.2 N								
STREET ADDRESS	625 AVENUE RD., #901	1/4			ADDRE						
CITY-ST-ZIP	TORONTO, CANADA M4V 2				ST-ZIP					1 1 1 1 2 2 2 2 2 2 2	
TITLE		☐ DELETE	3.1 TI			-	:	•	Change	☐ Addition	
NAME			3.2 N							1	
STREET ADDRESS					ADDRE	ı				ļ	
CITY-ST-ZIP		Dougra			ST-ZIP					[January	
TITLE		☐ DELETE	4.1 Tt						Change	☐ Addition	
NAME			4.21							1	
STREET ADDRESS					ADDRE	SS				1	
CITY-ST-ZIP		The see			T-ZIP			,	1 0	1 4 4 3 100	
TITLE		☐ DELETE	5.1 Tu						Change	☐ Addition	
NAME			5.2 N								
STREET ADDRESS			5.3 S	TREET	ADORE	.ss]	
CITY-ST-ZIP					T- 21P						
TITLE		☐ DELETE	6 1 TI	ITLE					Change	Addition	
NAME			6.2 N	AME						ļ	
STREET ADDRESS			6.3 S	TREET	ADDRE	:ss					
CITY-S1-ZIP			64 C	ITY - S	ST-ZIP						

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 arinual report or suppliemental 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 changers, or on an attachment with an address.

(416) 766-1853