FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 486916 (0)

1. Corporation Name

ROG WILCOX ASSOCIATES, INC.

Principal Place of Business: 2516 SW 4TH AVE, FT. LAUDERDLE FL 33315

Mailing Address: 2516 SW 4TH AVE, FT. LAUDERDLE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1631962 — Applied For / 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. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**

MOFSEN, HOWARD J. C P.A.
6800 W. COMMERCIAL BLVD
STE. 4
FT. LAUDERDALE FL 33319

10. **Name and Address of New Registered Agent**

81 Name: ROGER WILCOX
82 Street Address (P.O. Box Number is Not Acceptable): 2516 SW 4 AVE
83
84 City: FT. LAUD. FL 85 Zip Code: 33315

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: ROGER S. WILCOX [signature] Date: 5/01/95.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 TITLE [ ] Change [ ] Addition
NAME	WILCOX, ROGER S	1 NAME
STREET ADDR	609 5TH KEY DRIVE	1 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL	1 CITY-ST-ZIP
TITLE	SD	2 TITLE [ ] Change [ ] Addition
NAME	WILCOX, DIANE D	2 NAME
STREET ADDR	609 5TH KEY DRIVE	2 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL	2 CITY-ST-ZIP
TITLE		3 TITLE [ ] Change [ ] Addition
NAME		3 NAME
STREET ADDR		3 STREET ADDRESS
CITY-ST-ZIP		3 CITY-ST-ZIP
TITLE		4 TITLE [ ] Change [ ] Addition
NAME		4 NAME
STREET ADDR		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE [ ] Change [ ] Addition
NAME		5 NAME
STREET ADDR		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE [ ] Change [ ] Addition
NAME		6 NAME
STREET ADDR		6 STREET ADDRESS
CITY-ST-ZIP		6 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 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 changed, or on an attachment with an address.

SIGNATURE: [signature] 5/01/95 305-524-0261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0224070 CP