

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 486916

Corporation Name

ROG WILCOX ASSOCIATES, INC.

Principal Place of Business

516 SW 4TH AVE
FT. LAUDERDALE FL 33315

Mailing Address

2516 SW 4TH AVE
FT. LAUDERDALE FL 33315

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90033 038 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
516 SW 4TH AVE		2516 SW 4TH AVE		10/01/1975	
FT. LAUDERDALE FL 33315		FT. LAUDERDALE FL 33315			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28		59-1631962	
City & State		City & State		Applied For	
25		29		Not Applicable	
Country		Country		5. Certificate of Status Desired	
25		30		8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year	
				Intangible Personal Property.	
				Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WILCOX, ROGER				81 Name	
2516 SW 4 AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 3315				83	
				84 City	
				FL 85 Zip Code	

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD	1.1 TITLE	Change Addition
ME	WILCOX, ROGER S	1.2 NAME	
REET ADDRESS	609 5TH KEY DRIVE	1.3 STREET ADDRESS	
Y-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
LE	SD	2.1 TITLE	Change Addition
ME	WILCOX, DIANE D	2.2 NAME	
REET ADDRESS	609 5TH KEY DRIVE	2.3 STREET ADDRESS	
Y-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
LE		3.1 TITLE	Change Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE		4.1 TITLE	Change Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	Change Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	Change Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I, 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Diane D Wilcox 6/30/99 954-524-0000

Date

Daytime Phone #

CR2E034 (5/99)