

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

FILED
Feb 09 1998 8:00am
Secretary of State

DOCUMENT # 580201 (2)
1. Corporation Name

ROGER JORN ASSOCIATES, INCORPORATED



Principal Place of Business Mailing Address
1010 TENTH AVE. NORTH 1010 TENTH AVE. NORTH
P.O. BOX 1429 P.O. BOX 1429
LAKE WORTH FL 33460 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1978

4. FEI Number

59-1846004

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 707 South Chillingworth Dr

Suite, Apt. #, etc.

22 Suite #22

City & State

23 West Palm Beach

Zip

24 33409-4124

Country

25 USA

2a. Mailing Address

26 707 South Chillingworth Dr

Suite, Apt. #, etc.

27 Suite #22

City & State

28 West Palm Beach

Zip

29 33409-4124

Country

30 USA

9. Name and Address of Current Registered Agent

JORN, ROGER

~~1010 TENTH AVE. NORTH~~

~~LAKE WORTH FL 33460~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

707 South Chillingworth Dr.

83

Suite #22

84

City
West Palm Beach

FL

85 Zip Code

33409-4124

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME JORN, ROGER

STREET ADDRESS ~~1010 TENTH AVE. NORTH~~

CITY-ST-ZIP ~~LAKE WORTH FL 33460~~

TITLE V ☒ DELETE

NAME WELSH, TONIA M

STREET ADDRESS 1010 TENTH AVE. NORTH

CITY-ST-ZIP LAKE WORTH, FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 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:

ROGER JORN REQUIRED

2-4-98 (561) 478-0717

CR2E034 (10/97)