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 # 612356

(6)

TOM G	ROGAN, ATTORNEY AT	LAW, P.A.			
Principal Place of Business Mailing Address					
335 FIFTH AVE S 335 FIFTH AVE S					
NAPLES FL 33940 NAPLES FL 33940					
				DO NOT WRITE IN T	HIS SPACE
				03/09/1979	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			59-1927666	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27			J. Certificate of Otatus Desired	Fee Required	
[City & State		6. Election Campaign Financing	\$5.00 May Be
23 28			Country	Trust Fund Contribution	Added to Fees
24	25	29 30	→	 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year intangible X Yes No
[24]	9. Name and Address of Cu		<u> </u>	10. Name and Address of New Registe	
GR	OGAN, TOM	\	81 Name		,
335 FIFTH AVE S.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
NAPLES FL 33940			83	· · · · · · · · · · · · · · · · · · ·	
			84 City		85 Zip Code
		0500 1007 1500 51 11 0			-1_ _
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 registerer	d aneot and title if sonicable (NOTE 8)	egistered Agent signature require	d when reinstating) DA	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GROGAN, TOM		1.2 NAME	~~~	
STREET ADDRESS	335 FIFTH AVE S.		1,3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	DOLETE	1.4 CITY-ST-ZIP		Donner Dager
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filling 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.

FILED

Feb 05 1998 8:00am

Secretary of State