

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 668986 (3)

1. Corporation Name

GENE ROGERS ASSOCIATES - SOUTH, INC.



Principal Place of Business

13211 SW 32 CT  
DAVIE FL 33330

Mailing Address

13211 SW 32 CT  
DAVIE FL 33330

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROGERS, GENE  
13211 SW 32 CT  
DAVIE FL 33330

81 Name

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

83

84 City

FL 85 Zip Code

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.

Printed Name of Agent, signature, name, title, if applicable, and date.

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS        | CITY-STATE-ZIP | DELETE                   |
|-------|----------------|-----------------------|----------------|--------------------------|
| CD    | ROGERS, GENE A | 13211 S.W. 32ND COURT | DAVIE FL       | <input type="checkbox"/> |
| PT    | PINTO, ROSA R  | 13211 S.W. 32ND COURT | DAVIE FL       | <input type="checkbox"/> |
|       |                |                       |                | <input type="checkbox"/> |
|       |                |                       |                | <input type="checkbox"/> |
|       |                |                       |                | <input type="checkbox"/> |
|       |                |                       |                | <input type="checkbox"/> |
|       |                |                       |                | <input type="checkbox"/> |
|       |                |                       |                | <input type="checkbox"/> |
|       |                |                       |                | <input type="checkbox"/> |
|       |                |                       |                | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-STATE-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-STATE-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-STATE-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-STATE-ZIP |
|-----------|----------|--------------------|--------------------|-----------|----------|--------------------|--------------------|-----------|----------|--------------------|--------------------|-----------|----------|--------------------|--------------------|-----------|----------|--------------------|--------------------|-----------|----------|--------------------|--------------------|
|           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |
|           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |
|           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |
|           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |
|           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |
|           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |
|           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |
|           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |
|           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |
|           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |           |          |                    |                    |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

DATE: 4/1/96

CR2E034 (12/95)