FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F05843 (0)ROGER SERZEN, INC. Principal Place of Business Mailing Address 2995 CYPRESS GARDENS RD 1250 SOUTH LAKE ROY WINTER HAVEN FL 33884-2256 WINTER HAVEN FL 33884 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/17/1980 2. Principal Place of Business 2a. Mailing Address Applied For 59-2022891 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREGORY, WILLIAM P 715 SWANN AVE Street Address (P.O. Box Number is Not Acceptable) 82 TAMPA FL FL 83 84 Zip Code City 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 Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE SERZEN, ROGER 1.2 NAME NAME 2995 CYPRESS GARDENS RD. STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Addition 6 1 TITLE TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 City-St-ZIP

14. Thereby 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 justee 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 attachmorph with an address

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officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachmen

SIGNATURE:

FILED