


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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F35255 (1)**  
 1. Corporation Name  
**LAW OFFICES OF ROGERS & ASSOCIATES, P.A.**



Principal Place of Business <b>SWEETWATER SQUARE STE 102                  900 FOX VALLEY DR                  LONGWOOD FL 32779</b>	Mailing Address <b>SWEETWATER SQUARE STE 102                  900 FOX VALLEY DR                  LONGWOOD FL 32779</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/15/1981</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27		28		29	
21		22		23	
24		25		26	
27		28		29	
30		31		32	
33		34		35	
36		37		38	
39		40		41	
42		43		44	
45		46		47	
48		49		50	
51		52		53	
54		55		56	
57		58		59	
60		61		62	
63		64		65	
66		67		68	
69		70		71	
72		73		74	
75		76		77	
78		79		80	
81		82		83	
84		85		86	
87		88		89	
90		91		92	
93		94		95	
96		97		98	
99		100		101	
102		103		104	
105		106		107	
108		109		110	
111		112		113	
114		115		116	
117		118		119	
120		121		122	
123		124		125	
126		127		128	
129		130		131	
132		133		134	
135		136		137	
138		139		140	
141		142		143	
144		145		146	
147		148		149	
150		151		152	
153		154		155	
156		157		158	
159		160		161	
162		163		164	
165		166		167	
168		169		170	
171		172		173	
174		175		176	
177		178		179	
180		181		182	
183		184		185	
186		187		188	
189		190		191	
192		193		194	
195		196		197	
198		199		200	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ROGERS, THOM                  SWEETWATER SQ STE 102                  900 FOX VALLEY DR                  LONGWOOD FL 32779</b>		61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>900 FOX VALLEY DR. STE. 102</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 *Thomas Rogers as President* 3/4/98 ACT 869-1680

CP2E034 (10/97)