

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F50333 (6)
1. Corporation Name
H.W. ROGERS, INC.



Principal Place of Business
C/O MICHAEL A. RIDER
13 OAK STREET
LAKE PLACID FL 33852

Mailing Address
159 NW 70TH STREET
UNIT 613
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1981		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2127525		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired [X] \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [] No			

9. Name and Address of Current Registered Agent

RIDER, MICHAEL A
13 OAK STREET
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name H.W. Rogers
82 Street Address (P.O. Box Number Not Acceptable)
159 NW 70th Street Unit 613
83 Boca Raton Florida
84 City FL 85 Zip Code 33487

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 *H.W. Rogers* *H.W. Rogers* *President* DATE 08-01-97

OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	ROGERS, H. W.	
STREET ADDRESS	159 NW 70TH ST., UNIT 613	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE
NAME	ROGERS, PAULETTE E.	
STREET ADDRESS	159 NW 70TH ST., UNIT 613	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	V	DELETE
NAME	ROGERS, TODD, HEDLEY	
STREET ADDRESS	159 NW 70TH ST., UNIT 613	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S/T	DELETE
NAME	ROGERS, SONYA L.	
STREET ADDRESS	159 NW 70TH ST., UNIT 613	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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.

CR2E034 (4/97)