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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 19 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004621 (8)

ROGUN SERVICES OF FLORIDA, INC.

Pracipal Place of Business Mailing Address 407 NE ROCK ISLAND 407 NE ROCK ISLAND PEORIA IL 61602-1136 PEORIA IL 61603-2841 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1996 09/07/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0514464 Not Applicable 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 \Box 23 Trust Fund Contribution Added to Fees Country 2mCountry Zw 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **C T CORPORATION SYSTEM** 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 **B3** RA City 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. Lam familiar with land accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, type for printed name of region, ed agent and tibuif applicable (NOT) Registered Agent signature required when reinstating: 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TOTAL PCD NAME ROGY, BRETT M 1.2 NAME **407 NE ROCK ISLAND** STREET AEOPESS 1.3 STREET ADDRESS PEORIA IL 0.01 - 81 - 20 1.4 CITY-ST-7IP DELETE Change Addition 2.1 THLE 1016 **VDAS** NAV: **GUNTHER, RICHARD** 2.2 NAME 407 NE ROCK ISLAND 2.3 STREET ADDRESS STREET ADDRESS PEORIA IL 2. 4 CITY - ST - ZIP C-1Y - ST - ZIP Change DELETE Addition THE 3.1 TITLE STD LAMB, JAMES D 3.2 NAME NAV 3404 68TH STREET WEST 3.3 STREET ADDRESS STREET ADDRESS: **BRADENTON FL** 3.4 CITY-S1-ZIP CHY-SI-789 DELETE Change Addition 4.1 TITLE THUE 4 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST. 76 44 CITY-ST-ZIP DELETE Change Addition 51 TITLE 1000 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP OHY \$1.7.5 DELETE Change Addition 61 TITLE 1 () 6.2 NAME MAME 6.3 STREET ADDRESS STREET ADORESS 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 cliractor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name