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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # G04624

(4)

JIM ROGERS MANAGEMENT, INC. Principal Place of Business Mailing Address 311 CARLYLE BLVD RUSKIN FL 33570 RUSKIN FL 33570 RUSKIN FL 33570			······································			
US		US		3. Date Incorporated or Qualified 3a. Date of Last Report 10/11/1982 01/30/1995		•
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	0 1/30/	Applied For
1		26		59-2223755	<u> </u>	Not Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional ee Required
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be
- Z _φ	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for in Florida Statutes Yes		
1 -	9. Name and Address of Curre			10. Name and Address of New R	legistered Agent	
		81 Name				
TATTERSALL, PETER 333 N.FERN CREEK AVENUE		82 Street Ad		dress (P.O. Box Number is Not Acceptab	vie)	
	DO FL 32802		83			
			84 City		— , 65	Zip Code
i1. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the above-named corpo	oration submits this statement for the pur pard of directors. I hereby accept the app	Pose of changing	its registered office
farninar w	red agent, or both, in the State of Flor vith, and accept the obligations of, Sec	nda. Such change was authori ction 607.0505, Florida Statute	zeo by the corporation's bo- s.	ard of directors. I hereby accept the app	ointment as registi	ered agent. I am
SIGNATURE:						
	Standard, typod or printed name of registered age	ent and titre Tappil cable (N	OIE Registered Agent signature requi	red when reinstating	DATE	
2.		ND DIRECTORS	13.	ired when reinstating: ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
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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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/96 813-645-4190