

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G56514** (4)

1. Corporation Name
ROJEN INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**3471 N FEDERAL HWY
SUITE 601
FT. LAUDERDALE FL 33306**

**3471 N FEDERAL HWY
SUITE 601
FT. LAUDERDALE FL 33306**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/24/1983

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2376881

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

**DEGANCE, JOSEPH, ESQ
3471 N FEDERAL HWY
SUITE 601
FT. LAUDERDALE FL 33306**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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

Signature of person who is changing the corporation's registered office or registered agent

Date Registered Agent's signature required when re-stating

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>NAME: DPS MILLAR, DORINE M.</p> <p>STREET ADDRESS: 1000 S OCEAN BLVD #6A</p> <p>CITY-ST-ZIP: POMPANO BCH FL</p> <p>TITLE: DV</p> <p>NAME: GORDON, J. K.</p> <p>STREET ADDRESS: 1000 S OCEAN BLVD #6A</p> <p>CITY-ST-ZIP: POMPANO BCH FL</p> <p>TITLE: </p> <p>NAME: </p> <p>STREET ADDRESS: </p> <p>CITY-ST-ZIP: </p> <p>TITLE: </p> <p>NAME: </p> <p>STREET ADDRESS: </p> <p>CITY-ST-ZIP: </p> <p>TITLE: </p> <p>NAME: </p> <p>STREET ADDRESS: </p> <p>CITY-ST-ZIP: </p> <p>TITLE: </p>	<p>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY-ST-ZIP</p> <p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY-ST-ZIP</p> <p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY-ST-ZIP</p> <p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY-ST-ZIP</p> <p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY-ST-ZIP</p> <p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY-ST-ZIP</p>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Dorine M. Millar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D-7-96 Dorine M. Millar 566551
DATE: *7-7-96* DAYTIME PHONE # *305*

CR2E034 (12/95)