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PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J10131

(7)

ROGER HILL REALTY, INC.

Principal Place of Business Mailing Address

4995 AIRPORT NAPLES FL 33 US		***************************************	4995 AIRPORT RD N NAPLES FL 34105-2408 US					
						3. Date Incorporated or Qualified 04/21/1986 3a. Date of Last Report 04/21/1996		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2659898 Not Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #. etc.				5. Certificate of Status Desired See Regulred Fee Regulred		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country Z1p Country 25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
LAN	IGFORD, GEORGE P.			81	Name			
1207-3RD ST SOUTH SUITE 6				82	82 Street Address (P.O. Box Number is Not Acceptable) 83			
NAPLES FL 33940			83					
				84	City		FL 85 2	ip Code
office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stal am familiar with, and accept the obli	le of Florida. Such cha	nge was autho	orized by	the corp	corporation submits this statement for the proporation's board of directors. I hereby accep	urpose of changin t the appointment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and little if applicable	(NOTE Reg	jistered Age	nt signature	required when reinstating)	DATE	
12. OFFICERS AND DIRECTORS 13.				13,	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP DELETE 1.1		1.1 1ffle	TITLE Chang		ge Addition		

HILL, ROGER 1.2 NAME 1201 GOLD FINCH WAY STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HILL, JILL NAME 2.2 NAME 1201 GOLD FINCH WAY STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THUE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME **STREET ADDRESS** 6.3 STREET ADDRESS

CITY-ST-ZIP 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 justed empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corporation or the receiver or trustee emilion appears in Block 12 or Block 13 if changed or on an attackment with an ad-

FILED

Aug 18 1997 8:00am

Secretary of State