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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J23857 1. Corporation Name

ROGERS INTERNATIONAL GROUP, INC.

Principal Place	e of Business	Mailing Address					OM 13101 JM181 M11	() 1861 BIBN BI	517 G1811 G1517 G1	
1305 NATURE'S WOOD DELAND FL 32724 US  1305 NATURE'S WOOD DELAND FL 32724 US  US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
						06/27/1986			<u>-</u>	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number				olied For
21		26				59-2720621				Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	-			5. Certificate of Statu	s Desired		<b>\$8:75</b> -A Fee Re	
City & State City & State						6. Election Campaign	n Financing		\$5.00	May Be
23		28				Trust Fund Contril	-		Added to	- 1
Zip	Country	Zip	Countr	ry		8. This corporation of	wes the curre	ent year Inta	angible	
24	25	29	30			Personal Property				□No
	9. Name and Address of Current	t Registered Agent				10. Name and Addre	ss of New R	egistered /	Agent	
1450	TO A OLL DENIE		8	1 1	lame					
MESTDAGH, RENE 8506 BAYHILL BLVD			8	2 3	Street Addre	ss (P.O. Box Number is	Not Accepta	ble)		
ORLANDO FL 32819			8	3						
			8-	4 (	City				85 Zip C	ode
				1	•			FL		
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligate	2 and 607.1508, Florida Statut of Florida. Such change was a টেকুs of, Section 607.0505, Flo	es, the about outhorized burida Statute	ve-n y the es.	amed corpor corporation	ration submits this state n's board of directors. I l	ment for the nereby accep	it the appoir	nimeni as reg	registered jistered
SIGNATURE		1	1/	عدم	$= m_{\rm e}$	HOAGTZ		4/29/	99	Į
	Signature, typed or printed name of registered agen		: Registered Ag		Justine reduired	when reinstating)	CEC TO OE	DATE	D DIRECTO	DS IN 12
12.	OFFICERS AN	D DIRECTORS	: Registered Ag	jent si	Justine reduced		GES TO OF	FICERS AN		
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

407 876-2139