FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K82971

(8)

ROY JAEGER & ASSOCIATES, INC.

Principal Place of Business Mailing Address 600 CORPORATE DRIVE 600 CORPORATE DRIVE SUITE 200 SUITE 200 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334-3603		13334-3603		
		•	3. Date Incorporated or Qualified 04/25/1989	3a. Date of Last Report 04/30/1996
Principal Place of Business 1	2a. Mailing Address 26		4. FEI Number 65-0113155	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Country 30		Yes X No
9. Name and Address of Current Registered Agent JAPGER ROY 81 Name			10. Name and Address of New Registered Agent	
600 CORPORATE DRIVE 200 FT. LAUDERDALE FL 33334		83 84 City	ddress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
Pursuant to the provisions of Sections 607 office or registored agent, or both, in the Sagent I am familiar with, and accept the o SIGNATURE	tate of Florida. Such change was bligations of, Section 607,0505, F	authorized by the corpo lorida Statutes.	ration's board of directors. I hereby accep	purpose of changing its registered the appointment as registered
Signature Typed or printed name of registers 12. OFFICERS	AND DIRECTORS	TE: Regislered Agent signature re	ADDITIONS/CHANGES TO OFFIC	
TITLE D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
JAPOPD DOV				and Orange June Madition
000 0000 DD 4000		1.2 NAME		
ET LAUDEDOALE EL		1.3 STREET ADDRESS		
TOLE FI LAUDERDALE PC	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		Change Addition
NAME	tal pittie	22 NAME		print autorida frint Location
		2 3 STREET ADDRESS		
STREET ADDRESS	•	2.4 CITY-ST-ZIP		
CHY-ST-ZIP	DELETE	2.4 OH 1-51-21Y		Change Addition

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 tam 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.

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CiTY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIF

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS C-TY+ST-ZIP

STREET ADDRESS.

TITLE

NAME

THILE

NAME

TITLE

OR PRINTED NAME OF BIGNING OFFICER OR DIREC

DELETE

DELETE

DELETE

1/27/97 L

428-200 Dayline Prone #

Change

Change

Change

Addition

☐ Addition

☐ Addition

Apr 29 1997 8:00am

Secretary of State

:R2E034 (9/96)