

**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 # **L59800 (7)**

1. Corporation Name  
**ROGERS MORTGAGE SERVICES, INC.**



Principal Place of Business: % HAZELLE ROGERS, 7441 NW 42 CT, LAUDERDALE LAKES FL 33311 US  
Mailing Address: 2769 N.W. 36TH AVE., 7441 NW 42 CT, LAUDERDALE LAKES FL 33311 US

3. Date Incorporated or Qualified: 03/26/1990  
3a. Date of Last Report: 04/25/1995  
4. FEI Number: 65-0180783  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 2769 N.W. 36 Ave  
22 Suite, Apt. #, etc.  
23 City & State: LAUDERDALE LAKES FL  
24 Zip: 33311  
25 Country: BROWARD  
26 2769 N.W. 36 Ave  
27 Suite, Apt. #, etc.  
28 City & State: LAUDERDALE LAKES FL  
29 Zip: 33311  
30 Country: BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, HAZELLE  
2769 N.W. 36TH AVE.  
LAUDERDALE LAKES FL 33311

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, HAZELLE	1.2 NAME	
STREET ADDRESS	2769 N.W. 36TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, CLIFTON	2.2 NAME	
STREET ADDRESS	2769 N.W. 36TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	000001836040
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/23/96--01010--026
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	***200.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE: Hazelle Rogers - Pres. Date: 4/19/96 (954) 485-6356

CR2E034 (12/95)