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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

Mailing Address

% HAZELLE ROGERS  
7441 NW 42 CT  
LAUDERDALE LAKES FL 33311  
US

2769 N.W. 36TH AVE.  
7441 NW 42 CT  
LAUDERDALE LAKES FL 33311  
US

2. Principal Place of Business

2a. Mailing Address

21 2769 N.W. 36 Ave

26 2769 N.W. 36 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 LAUDERDALE LAKES FL

28 LAUDERDALE LAKES FL

24 Zip 33311

29 Zip 33311

Country BROWARD

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

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME ROGERS, HAZELLE  
STREET ADDRESS 2769 N.W. 36TH AVE.  
CITY-ST-ZIP LAUDERDALE LAKES FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ROGERS, CLIFTON  
STREET ADDRESS 2769 N.W. 36TH AVE.  
CITY-ST-ZIP LAUDERDALE LAKES FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ROGERS, CLIFTON  
STREET ADDRESS 2769 N.W. 36TH AVE.  
CITY-ST-ZIP LAUDERDALE LAKES FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (954) 485-6356

CR2E034 (12/95)