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

May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)ROGERS BUSINESS GROUP, INC. Principal Place of Business Mailing Address 1917 MEARS PKWY 2750 TERRAPIN LANE MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1990 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 65-0224852 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 22 Added to Fees 26 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent ROGERS, AL 3750 TERRAPI 82 Street Address (P.O. Box Number is Not Acceptable) 84 City 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 agont, 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 bite if apply able (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1 1 TrTLF TITLE ROGERS, AL 2 NAME NAME 3750-TERRAPIN L STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 THLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TATLE 3.1 TITLE ☐ Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4 1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - 7IP

14. Thereby 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 chapter 607, on an admittable point with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE: / C

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CfTY-ST-ZIP

1 Pocas

4-25-58 (954)968-6980

☐ Change

☐ Addition

Addition

FILED