

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P25412** (8)
1. Corporation Name
ROGERSOL, INC.



Principal Place of Business: **5538 N. NORTHWEST HIGHWAY CHICAGO IL 60630**
Mailing Address: **5538 N. NORTHWEST HIGHWAY CHICAGO IL 60630**

3. Date Incorporated or Qualified: **07/31/1989**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **36-3494347**
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. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**PALMER, CHARLES
111 E. LAS OLAS BLVD
FT LAUDERDALE FL 33302**

10. Name and Address of New Registered Agent
81. Name: **CHARLES PALMER**
82. Street Address (P.O. Box Number is Not Acceptable): **312 S.E. 17th ST, SUITE 300**
83.
84. City: **FT. LAUDERDALE** FL 85. Zip Code: **33316**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and the corporation (if applicable) (NOTE: Registered Agent Signature required for this filing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NICHOL, NORMAN	
STREET ADDRESS	1021 DOVER CT	
CITY-ST-ZIP	LIBERTYVILLE IL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PALMER, CHARLES	
STREET ADDRESS	111 LAS OLAS BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSON, GARY	
STREET ADDRESS	30W110 GLENHURST CT	
CITY-ST-ZIP	WARRENVILLE IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIDOMINICO, VICTORIA	
STREET ADDRESS	8426 W CATALDA	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	312 S.E. 17th ST, SUITE 300
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 in an attachment with an address.

SIGNATURE: **GARY ANDERSON** **GARY ANDERSON 4-12-96** **312-735-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (City/State/Phone #)

CR2E034 (12/95)