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 # **P93000056597 (6)**

1. Corporation Name
ROTAG PLUS, INC.

Principal Place of Business
11200 S. CLEVELAND AVE
UNIT 1502
NAPLES FL 33961
US

Mailing Address
N26W 22165 GLEN WOOD LANE
WAUKESHA WI 53186

2. Principal Place of Business
21
Street Address
22
City & State
23 FT MYERS, FL
Zip
24 33907
Country
25 US

2a. Mailing Address
26
Street Address
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
08/09/1993

3a. Date of Last Report
04/05/1995

4. FEI Number
65-0475800
Applied For
Not Applicable

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. Is the entity registered with the Florida Department of Banking and Finance, Division of Securities, and is it liable for and eligible to under s. 199.032, Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent
MELNICK, GREGORY E
9385 N 56TH STREET
SUITE 301
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent
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 Section 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent of the corporation are identical to those of its registered agent. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	CPT	[ ] DELETE
NAME	GAYLOR, GARY L.	
STREET ADDRESS	N26 W22165 GLENWOOD LANE	
CITY, ST, ZIP	WAUKESHA SI	
TITLE	VS	[ ] DELETE
NAME	GAYLOR, CAROLYN M.	
STREET ADDRESS	N26 W22165 GLENWOOD LANE	
CITY, ST, ZIP	WAUKESHA WI	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '96

[ ] Change	[ ] Addition
[ ] Change	[ ] Addition
[ ] Change	[ ] Addition
[ ] Change	[ ] Addition
[ ] Change	[ ] Addition
[ ] Change	[ ] Addition

14. I do hereby certify that the information supplied with this filing, and to the best of my knowledge, believe, and belief, it is true and complete. In accordance with Section 607.0193(5), Florida Statutes, I further certify that the corporation is in compliance with Section 607.0505, Florida Statutes. I further certify 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 in Chapter 607, Florida Statutes.

SIGNATURE: Carolyn M Gaylor CAROLYN M. GAYLOR 3-26-96 (414) 548-9844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE PHONE

CR2E034 (12/95)