


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

FILED

Aug 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P930008352V**

1. Corporation Name
ROGEORHE, INC.

Principal Place of Business Mailing Address
151 N.W. 18 AVE **SAME**
DELRAY BEACH, FL. 33444

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 SAME		26 SAME		12-7-93		4-22-96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0453167		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		30			

9. Name and Address of Current Registered Agent

~~JEFFREY WINIKOFF, ESQ.~~
RONALD CAPITENA

10. Name and Address of New Registered Agent

81 Name **JEFFREY WINIKOFF, ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable)
4875 N. FEDERAL HIGHWAY
83 **7TH FL.**
84 City **FT. LAUDERDALE** FL 85 Zip Code **33308**

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 *Jeffrey Winikoff, Esq.* DATE **8/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES.	1.1 TITLE	PRES.
NAME	RONALD CAPITENA	1.2 NAME	HILBERT BINGLOW
STREET ADDRESS	3600 S. CONGRESS AVE	1.3 STREET ADDRESS	151 N.W. 18 AVE.
CITY-ST-ZIP	DELRAY BEACH FL. 33446	1.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33444
TITLE	VICE PRES.	2.1 TITLE	SECRETARY, TREAS.
NAME	HILBERT BINGLOW	2.2 NAME	GEORGIA BINGLOW
STREET ADDRESS	3600 S. CONGRESS AVE.	2.3 STREET ADDRESS	151 N.W. 18 AVE.
CITY-ST-ZIP	DELRAY BEACH FL. 33446	2.4 CITY-ST-ZIP	DELRAY BEACH FL. 33444
TITLE	VICE PRES. / TREAS.	3.1 TITLE	
NAME	GEORGIA BINGLOW	3.2 NAME	
STREET ADDRESS	3600 S. CONGRESS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL. 33446	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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, changed, or on an attachment with an address.

SIGNATURE: *Jeffrey Winikoff* DATE: **8/24/97** DAYTIME PHONE: **561-271-2424**

CR2E034 (9/96)