

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

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Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000013788 (2)**

1. Corporation Name  
**ROGER ADRIAAN DESIGNS, INC.**

Principal Place of Business  
**1270 NORTH EGLIN PARKWAY  
SUITE D  
SHALIMAR FL 32579  
US**

Mailing Address  
**P.O. BOX 857  
SHALIMAR FL 32579  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/18/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	<b>59-3294156</b>	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESSIER, PAUL R	1.2 NAME	
STREET ADDRESS	1270 N EGLIN PKY, SUITE D	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEUKENKAMP, FELIX A	2.2 NAME	
STREET ADDRESS	1270 N EGLIN PKY, SUITE D	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

*Paul Tessier*  
PAUL R. TESSIER

2/27/98

850-651-8673