- FILE NOW: FILING FEE AF 'R MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997, 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sacratary of State

Secretary of State
DIVISION OF CORPORATIONS

FILED May 13 1998 8:00am Secretary of State

J.C. RC	MENT # P9500 OGERS CORP.	00007839 (0) Malling Address		
7388 VALENCIA DR 7368 VALENCIA DR BOCA RATON FL 33433-7408				
o Original (Plane of D. winner	2a. Mailing Address		3. Date incorporated or Qualified 3a. Date of Last Report 01/30/1995 3a. Date of Last Report 01/30/1995 3a. Date incorporated or Qualified 3a. Date of Last Report 01/30/1995 3a. Date incorporated or Qualified 3a. Date of Last Report 01/30/1995 3a. Date of Last
2. Principal Place of Business 2a. Mailing 21				4, FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.			5 Certificate of Status Desired Sectional	
27 City & State City & State			6. Election Campaign Financing \$5.00 May Be	
23 26		· ·		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	a. This corporation has liability for intangible tax under s. 199.032,
24	g, Name and Address of Curr	ent Registered Agent	[30]	Florida Statutes Yes Y No 10, Name and Address of New Registered Agent
SCHORR, STEPHEN A 81 Name				
2101 N ANDREWS AVE, 400			82 Street Addi	ress (P.O. Box Number is Not Acceptable)
FT LAUDERDALE FL 33311			83	
			84 City	FL 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.				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered s	igent and title if applicable. (NOT	E: Registered Agent signature requir	ed when reinstating) DATE
12,	OFFICERS A	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ROGERS, JEROME H	ריין הכרכוב	1.1 (IILE 1.2 NAME	Control Notice
STREET ADDRESS	7888 VALENCIA DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY+ST-ZIP	
TITLE	DST ROGERS, CONNIE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	7388 VALENCIA DR		2.2 NAME 2.3 STREET ADDRESS	•
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY+ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	į
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. City-St-Zip	i
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
HAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addition
NAME			\$2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	Ennange 24 EEE
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	500002524555 -05/15/9801006006/change Addition
HAME			62 NAME	***150.00
STREET ADDRESS			6.3 STREET ADDRESS	したろしり
CITY-ST-2P	or certify that the information europi	ad with this filing does not qualify	6.4 CITY-ST-ZIP	in Section 119 07(3Vi). Florida Statutes 1 butter certify that the
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 Blogs or Block /3 if changed, or on an attachment with an address.				