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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000086179 (5)

6067-COMPAGE COURT 1600 Norange Ave. Box8

ORLANDO FL-82810 32804

C J ROGERS, INC.

Principal Place of Business Mailing Address 1800 N. ORANGE AVENUE BOX 8 1600 N. ORANGE AVENUE BOX 8 ORLANDO FL 32804 ORLANDO FL 32804-6405 3. Date Incorporated or Qualified 3a. Date of Last Report 11/09/1995 04/25/1996 2. Principal Place of Business 2a. Mailing Address 26 59:3341466 Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Certificate of Status Desired City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

✓ Yes

No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROGERS, CHRISTOPHER J

FILED May 13 1997 8:00am Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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11. Pursuant to the provisions of Soctions 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, typed or printed name of registered agent and little if applicable (NO°E: Registered Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME ROGERS, CHRISTOPHER J 1.2 NAME 6967-00MPASS OBURT 1400 Norange Ave 48 STREET ADDRESS 1.9 STREET ADDRESS ORLANDO FL 32810 32504 CITY-ST-ZIP 1.4 City - St - ZIP DELFTE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP TITLE DELFTE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 P NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-ZIP DELETE 61100 Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP.

82

83 84 City

Street Address (P.O. Box Number is Not Acceptable)

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 eath; 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 hment with an address.

SIGNATURE:

30 April 97