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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600006715 (2)

960 ROGERO, INC.

Principal Place of Business Mailing Address

FILED Apr 13 1998 8:00am Secretary of State



Principal Place	ess			I HODINAKI IHO NDIKA BUKUL BODIK BODIK BODIK BOLIN BUKUN BIKUK INDON HIKODI OLIH KODI				
980 ROGERO								
JACKSONVILLE FL 32211			960 ROGERO ROAD JACKSONVILLE FL 32211					
ı						DO NOT WRITE IN THIS	SPACE	
İ						3. Date Incorporated or Qualified		
. O-11( DI	and District					01/19/1996	<del></del>	
	ace of Business	<u> </u>	2a. Mailing Address			4. FEI Number	<del>- + -</del>	oplied For
Suite Apt #, etc.		[26]	Suite, Apt. #, etc.			59-3350693		ot Applicable
22	w, etc.	<u> </u>	h			5. Certificate of Status Desired		Additional equired
City & State	<b></b>		City & State			- Floring Compiler Floring		<del></del>
23		<u> </u>	28			Election Campaign Financing     Trust Fund Contribution     Added to Fees		
Zip	Country	Zip	<u> </u>	Country	,	8. This corporation owes or has paid the co		
24	25	29	30	)		Personal Property Tax due June 30.		No
	g, Name and Address of Curre					10. Name and Address of New Registered		
BAI	NKS, COLLEEN			81	Name			-
361	6 EMERSON STREET		92 Street Ac			ddress (P.O. Box Number is Not Acceptable)		
	KSONVILLE FL 32207		62 Street Ad			idless (P.O. Box Number is Not Acceptable)		
<b>W</b> 10	TOO THE SECON			83				
							<del></del>	
				84	City	F!	<b>  85</b>   Zip (	Code
11. Pursuant t	o the provisions of Sections 607.05	502 and 607.1508, F	lorida Statutes, t	he above	e-named co		of changing it	ts registered
office or re	egistered agent, or both, in the State	te of Florida. Such c	hange was auth	orized by	the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as	registered
	to lactional with and accept the opin	ganoris or, decitor (	JO7:0303, 1 101108	Jacutos	<b>,</b> .			
SIGNATURE	Signature, typed or printed name of registered a	gont and title if applicable	(NOTE Reg	pistered Age	int signature requ	uired when reinstating) DATE	<u>.</u>	
12.	OFFICERS A	NO DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 TITLE			Change	☐ Addition
NAME	Berger, Buzz			1.2 NAME	ŀ			ļ
STREET ADDRESS	7900 E BAYMEADOWS CIR			1.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-S	T-ZIP			
TITLE	D		DELETE	2.1 TITLE			Change	Addition
NAME	SCHRAGER, BILL			2.2 NAME				-
STREET ADDRESS	2160 MAYPORT ROAD			2.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONMILLE FL 32233			2.4 CITY-5	ST-2IP			
TITLE			DELETE	3 1 TITLE			Change	☐ Addition
NAME				3.2 NAME				į
STREET ADDRESS			]	3.3 STREET	ADDRESS			}
CITY-ST-ZIP				3.4. CITY - 5	ST-ZIP			
TITLE			DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			į
CITY-ST-ZIP				4.4 CITY - S	T- ZIP			
TITLE			DELETE	5.1 TITLE	į.		☐ Change	Addition
NAME				5.2 NAME				!
STREET ADDRESS				5.3 STREET	ADDRESS			ł
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE				6.1 TITLE			Change	Addition
NAME			Į	6.2 NAME				l
STREET ADDRESS				6.3 STREET	ADORESS			.
CITY-ST-ZIP				6.4 CITY-S				
14 I hereby c	ertify that the information supplied	with this filing does	not qualify for the	e exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes, I further of	certify that the	information

Indicated on this annual report or suppliemental annual report of 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 emperced 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 attach and with an address.

SIGNATURE:

WILLIAM R. SCHROER 4/6/98 904/72/99/