PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021044

1. Corporation Name

ROGAN ENTERPRISES, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90101 013 ***150.00



Principal Place of Business Mailing Address			_	 		T \$0011001 110 1911# DITH BUTH BUTH BUTH BUTH BUTH BUTH BUTH BU
2325 GORDON DRIVE 2325 GORDON DRIVE						
NAPLES FL 339		NAPLES FL 33940				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
				<u>.</u>		03/07/1996 4. FEI Number Applied For
-2: Principal Place of Business 2a. Mailing Addres			ess			
21		26				65-0656780 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		City & State				
City & State	e	— ·	City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees
23	Country	7in				8. This corporation owes the current year Intangible
Zip	Country	— ·				Personal Property Tax.
24	9. Name and Address of Currer	29 Agent	30			10. Name and Address of New Registered Agent
	9. Name and Address of Curren	it Registered Agent	_	81	Name	10. Humo una vicanoso di trota regi
ROGAN, MICHAEL P						
2325 GORDON DRIVE			,	82 Street Address (P.O. Box Number is Not Acceptable)		
	LES FL 33940			83		
14/4	220 12 00010			"		,
	·			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. SIGNATURE						
	Signature, typed or printed name of registered age	<u> </u>		Agen	nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13.	77 -	1	☐ Change ☐ Addition
₹ITLE				1.1 TITLE 1.2 NAME		
NAME	ROGAN, MICHAEL P					
STREET ADDRESS	2325 GORDON DRIVE	~			ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940 3410		1.4 Ci	TY-ST	T-ZIP	Change Addition
TITLE		☐ DELETE				
NAME		the second secon	_ i.22 N			The second secon
STREET ADDRESS					FADDRESS	
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NAME			3.2 N			
STREET ADDRESS	7				TADDRESS	
CITY-ST-ZIP					T-ZIP	∴ Change
TITLE		☐ DELETE	4.1 Π			
NAME			4. 2 N		1	
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CITY-ST-ZIP			_	TY-\$7	T-ZIP	☐ Change ☐ Addition
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NAME			5.2 N			
STREET ADORESS	TO 18 3.45		1		TADDRESS	
CITY-ST-ZIP			_		T-ZIP	Channe P Addition
TITLE	A SECRETARY STATE OF	. DELETE	6.1 TI			☐ Change ☐ Addition
NAME	And the state of t		6.2 N		T L DODDESS	
STREET ADDRESS			6.3 S	IREE	TADDRESS	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP