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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000094541 (5)

STUDIO ROGGENBAU, INC.

Principal Plac	e of Business	Mailing Address			i contrade ern imere mette daber dater anter allere bibte filbe fallet bibt ibit
	ake Boulevard	4380 NORTHLAKE BOULEV	ARD		
SUITE 205	CARREIN PLAGA		SUITE 205		
PALM BEACH GARDENS FL 33410		PALM BEACH GARDENS FL	PALM BEACH GARDENS FL 83410-6285		
					3. Date Incorporated or Qualified 11/15/1996 3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number APPLIED IRS SS-4 FORM Applied For
21		26			APPLIED IRS SS-4 FORM Not Applicable
Suite Apt.	# etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	e	City & State	City & State		Election Campaign Financing \$5.00 May 8e
23		28			Trust Fund Contribution Added to Fees
<i>Z</i> ıp	Country	Zip	Country	′	 This corporation has liability for intangible tay under s. 199,032.
24	25 29 30 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes ANo	
		nt Registered Agent		r ::-	10. Name and Address of New Registered Agent
	SHOFSKY, MARTIN E P.A.		81	Name	
4360 NORTHLAKE BOULEVARD			82	Street	Address (P.O. Box Number is Not Acceptable)
· SUITE 205				, danses (Tel Best Mannes to Met 1 to deptación	
PAL	M BEACH GARDENS FL 33410		83		
•			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508. Florida Statutes	s, the above	e-named	corporation submits this statement for the nursose of changing its registered
omce or r	egistered agent, or both, in the State im familiar with, and accept the oblig	a of Florida. Such chande was all	けいひいてんべ いい	/ የክል ሶለተ	poration's board of directors. I hereby accept the appointment as registered
agent ra	ini ramiliar with, and accept the boilg	jations of, Section 607.0505, Fior	ioa Statute	6.	
SIGNATURE	Signature, typed or printed name of registered ag	and a distribution of the state	Declared A.		Prequired when reinstating) DATE
12.	····	ID DIRECTORS	13.	ini signature	Prequired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	DE WISPELAERE, DAVID	Цэ весете			i Charge Cil votinon
	4360 NORTHLAKE BOULEVAL	On CLITTE ONE -	1.2 NAME		
DALILACÃOU OADOCHO EL 60.		2410	1.3 STREET	ADDRESS	
CITY - ST - 7IP	PACAPOEACH GARDENS PL S	·····	1.4 CITY - \$	T-ZIP	
TILE		☐ DELETE	2.1 TITLE		DIRECTOR Change DA Addition
NAME			2.2 NAME		PATRICK RAUDOUGH
STREET ADDRESS			2.3 STREET	ADDRESS	4360 NOKTHERKE # 205
CITY - ST - ZIP			2. 4 CITY-1	ST-ZIP	Palm 13ch Garden, Fl 73 410
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
City-St-ZiP			3.4. C(TY-5	ST- ZIP	
10LE		DELETE	4 1 TITLE		Change Addition
NAME		******	4.2 NAME		book whongs book reality
STREET ADORESS				APPODECC	
			4.3 STREET	- 1	
CITY: ST-ZiP TITLE		DELETE	4.4 CITY - S	1 * 212	MM Change Cladding
		L. VILLIE	5 1 TITLE		Change L Addition
NAME			5.2 NAME		W.W.
STREET ADORESS			53 STREET	ADDRESS	$\langle \lambda \rangle$
CITY - ST - ZIF		, , , , , , , , , , , , , , , , , , , 	54 CITY-S	7-Z(P	<u> </u>
TILE		☐ DELETE	61 TFLE	- 1	500002197845 Addition -06/02/9701079012 ***1815.00
NAME			62 NAME		-06/02/9701079012
STREET ADDRESS			6.3 STREET	ADDRESS	***181C UU
CITY+ST ZIP			6.4 CITY-S	T-ZIP	***1010*00
14. I do hereb	by certify that the information supplie	d with this filing does not qualify	for the exe	mption st	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the
intormat⊲i Lam an of	ri indicated on this annual report or s fricer or director of the corbon	supplemental annual report is truithe receiver or trustee empower	e and accu red to exec	irate and ute this r	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the I that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes; and that my name and the same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes; and that my name and the same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes; and that my name are same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes; and that my name are same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes.
appears in	n Block 12 or Block 13 if change of	on an attachment with an addre	988.	A	A 11.1. 22/690
		4/17	LECTE	400	1CH RAUBUCH 4/23/82- 821.099
SIGNAT	UHE:		7 P F	HHK	ICH KITU SUCH . 2410
	SIGNATURE AND TYPED	PRIDED NAME OF BIGNING OFFICER OF	H DIRECTOR		Date Daytime Phone #