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 # P97000049656 (6)

RIC ROGERS ENTERPRISES, INC.

Principal Place of Business Mailing Address

FILED May 07 1998 8:00am Secretary of State



5340 SW 6 STREET PLANTATION FL 33317	5340 SW 6 STREET PLANTATION FL 33317			DO NOT WRITE IN THIS SI	PACE
				Date Incorporated or Qualified 06/03/1997	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0770960	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	7 ip	Country 30	,	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	
g, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered A	· ·····
MARCUS, NORMAN		81	Name		T
5340 SW 6 STREET		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33317		83			
			<u> </u>		
		84	City	FL	85 Zip Code
office of registered agent, or both, in the Sta	ale of Florida. Such change was	authorized b	v the corpo	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	changing its registered intment as registered
agent. I am familiar with, and accept the ob SIGNATURE	nigations of, Section 607.0505, r	londa Statute	S.		
Signature, typed or punied name of registered	agent and bile if applicable (NC	OF Registered Ag	ent aignature re	quired when reinstating) DATE	
	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE D	☐ DELETE	1.1 TOLE			_ Change Addition
NAME ROGERS, RICHARD A		1.2 NAME	}		
STREET ADDRESS 5340 SW 6 STREET		1.3 STREET	ADDRESS		
CITY-ST-ZIP PLANTATION FL 33317		1.4 CITY-5	ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE			Change Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET	ADDRESS		
CITY-ST-ZIP	T priest	2.4 CITY -	ST-ZIP		
TITLE	☐ DELETE	3 1 TITLE		· · · L	Change Addition
NAME COMPET ADDRESS		3.2 NAME			
STREET ADDRESS		3.3 STREET			
CITY-ST-ZIP TITLE	DELETE	34. CITY-	ST-ZIP		Change Addition
NAME	נ טכננונ	4.1 TITLE		L	Change Addition
STREET ADDRESS		4 2 NAME	ADDRESS		
CITY-ST-ZIP		4.3 STREET			
TITLE	DELETE	5.1 TITLE	IT-ZIP		Change Addition
NAME		5.2 NAME		-	
STREET ADDRESS		5.3 STREET	Annaree		
CITY-ST-ZIP					
TITLE	DELETE	5.4 CITY - S 6.1 TITLE	1-21		Change Addition
NAME		6.2 NAME		<u>-</u>	_ average regoliter)
STREET ADDRESS		6.3 STREET	Annocee		
DITU OF THE		0.3 SIMEE!	MUDRIESS		

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 altachment with an address.

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