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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000064842

1. Corporation Name

THE ROGARI GROUP, INC.

Principal Place of Business

Mailing Address

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90064 025 ***150.00



100 WEST MAR		100 WEST MARSHALL STREET						
SAFETY HARBO	SAFETY HARBOR FL 34695	T HARBOR FL 34695		DO NOT WRITE IN THIS SPACE				
J					3. Date Incorporated or Qualifed 07/28/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	lied For	
<u> </u>	400 Of DD0111000	26		59-3459241	<u> </u>	Applicable		
Suite, Apt. 1	tt etc	Suite, Apt. #, etc.			\$8.75 A			
22		27		5. Certificate of Status Desired	Fee Rec	uired		
	9	City & State			6. Election Campaign Financing	\$5.00	- 1	
23		28			Trust Fund Contribution	Added to	rees	
Zip	Country	Zip	_ Country	1	8. This corporation owes the current year in		-7.4	
24	25 29 30				Personal Property Tax,			
	9. Name and Address of Curren	t Registered Agent	·	10. Name and Address of New Registered	Agent			
DOCADI DONALD I				Name			Į.	
	ARI, RONALD J		82 Street Ad		ress (P.O. Box Number is Not Acceptable)			
100 W MARSHALL ST					<u> </u>	_		
SAFETY HARBOR FL 34695			83					
			84	1	FL			
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 ager			nt signature require	red when reinstating) DATE	- DIDECTOR	20.01.40	
12.		OFFICERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFFICERS AT		Addition	
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	ROGARI, RONALD	_	1.2 NAME					
STREET ADDRESS	100 WEST MARSHALL STREET	Г	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY-S	T-ZIP				
TITLE	VSD	☐ DELETE 2.1 T				☐ Change	☐ Addition	
NAME I	ROGARI, LINDA		2.2 NAME					
STREET ADDRESS			2.3 STREE	TADORESS			}	
CITY-ST-ZIP	0.FFF7/140000 Ft 04005		2.4 CITY-5	ST-ZIP			1	
TITLE			3.5 TITLE			Change	Addition	
NAME	•		3.2 NAME		·		Ì	
STREET ADDRESS			Į.	T ADDRESS			ļ	
CITY-ST-ZIP	,		3.4. CITY-5				.]	
TITLE			4.1 TITLE			Change	Addition	
NAME		-	4. 2 NAME				-	
STREET ADDRESS				T ADDRESS			}	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME				Ì	
STREET ADDRESS			5.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			Ì	
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME				ŀ	
i I				T ADDRESS			Ţ	
STREET ADDRESS			6.4 CITY-S	· l			{	
CITY-ST-ZIP	_		0.4 CH 1+5	1.71				

14. I hereby certify that the information supplied with this filling 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 feront 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 chapter 607 at a statishment with an address with all other like empowered.

SIGNATURE: