

Amended 61.23  
~~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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -9 AM 11:24

DOCUMENT # P98000049881

1. Corporation Name  
Rogan Properties, Inc.

Principal Place of Business  
2189 Sonoma Drive  
Nokomis, Florida 34275

Mailing Address  
P.O. Box 8007  
North Port, FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/02/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation owes the current year Intangible	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Country	29. Country	Personal Property Tax.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	Andrew T. Herko
82. Street Address (P.O. Box Number is Not Acceptable)	2918 Alcazar Terrace
83. City	
84. City	North Port
85. Zip Code	FL 34287

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 agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME Evans, John Gordon c/o Andrew T. Herko P.O. Box 8007 North Port, Florida 34287	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 900003050499--8 11/22/99--01010--013 *****61.25 *****61.25
12.2 NAME Evans, Jessie Anne c/o Andrew T. Herko P.O. Box 8007 North Port, Florida 34287	13.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
12.3 NAME [Blank]	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
12.4 NAME [Blank]	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
12.5 NAME [Blank]	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
12.6 NAME [Blank]	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OL

OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)