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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State -

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90093 014 ***150.00

RODGER-WATKINS, INC.		
Principal Place of Business	Mailing Address	- I 1985/806 208 ())() Blook adian alike arks aren aran aran asan asan asan aran aran
900 N. FEDERAL HIGHWAY	1900 N. FEDERAL HIGHWAY	

1900 N. FEDER BOYNTON BEAU US		1900 N. FEDERAL HIGHWAY BOYNTON BEACH FL 33435 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 02/26/1991			
		AA-Stra- Add			4. FEI Number		pplied For
	lace of Business	2a. Mailing Address			(
21		26			59-3053644		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		. <u>.</u>	5. Certificate of Status Desired		Additional Required
City & Stat	e ,	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip 24	. Country	Zip	Country 30		This corporation owes the current year Inta Personal Property Tax.	engible Yes	□No
24	9. Name and Address of Current	<u> </u>			10. Name and Address of New Registered	Agent	
	3. Hattie and Address of Garrett	, regional out , igoni	81	Name			
WATKINS, RAYMOND 1900 N. FEDERAL HIGHWAY							
			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
ROA	NTON BEACH FL 33435		83	1	. •		•
I			84	City	FL	85 Zip	Code
office or r	to the provisions of sections our consistency agent, or both, in the State of m familiar with, and accept the obligated agent of printed name of registered agent.	of Florida. Such change was au ions of, Section 607.0505, Flor	uthorized by ida Statutes	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint of when reinstating)	itment as r	egistered
				ut signature requir	ADDITIONS/CHANGES TO OFFICERS AN	O DIDECT	ODS IN 12
12.	OFFICERS ANI	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	
TITLE	D		4			Ontarigo	
NAME	WATKINS, RAYMOND		1.2 NAME				
STREET ADDRESS	1900 N. FEDERAL HIGHWAY			TADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-S	T-ZIP			171 * 4 564 **
TITLE	V	☐ DELETE	2.1 TITLE			Change	Addition
NAME	WATKINS, ILONA		2.2 NAME				
STREET ADDRESS	1900 N. FEDERAL HWY		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	}			
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
			4.4 CITY-S	ſ	•		
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.1 TITLE	1-21		☐ Change	Addition
		<u> </u>	5.2 NAME				_
NAME I			1	T ADDRESS			'
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		□ DELETE	6.1 TITLE	1-21		☐ Change	Addition
TITLE		☐ DECE LE	1			CT CHENGE	Addition
NAME			6.2 NAME				
STREET ADDRESS	1			TADDRESS			
CITY OF TIE		~ ~	6.4 CTTY-S	T-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, or on an attachment with an address, with all other like empowered.

56/ 737 0763 Daytime Phone #