

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 19 PM 12:18

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S60306 (5)
 1. Corporation Name
THE ROGER P. CORPORATION

Principal Place of Business 3609 WALDEN LANE WEST PALM BEACH FL 33406	Mailing Address 3609 WALDEN LANE WEST PALM BEACH FL 33406
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 2350 No. Military Trail Suite, Apt. #, etc. Unit 407 City & State West Palm Beach, FL Zip 33409	2a. Mailing Address 25 2350 No. Military Trail Suite, Apt. #, etc. Unit 407 City & State West Palm Beach, FL Zip 33409
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3. Date Incorporated or Qualified 06/12/1991	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0286423	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RODRIGUEZ, JACQUELINE
3609 WALDEN LANE
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS	
TITLE PD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, GILBERTO	1.2 NAME
STREET ADDRESS 3609 WALDEN AVENUE	1.3 STREET ADDRESS
CITY, ST, ZIP WEST PALM BEACH FL 33406	1.4 CITY, ST, ZIP
TITLE VPSD	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, JACQUELINE	2.2 NAME
STREET ADDRESS 3609 WALDEN LANE	2.3 STREET ADDRESS
CITY, ST, ZIP WEST PALM BEACH FL 33406	2.4 CITY, ST, ZIP
TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY, ST, ZIP	3.4 CITY, ST, ZIP
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY, ST, ZIP	4.4 CITY, ST, ZIP
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY, ST, ZIP	5.4 CITY, ST, ZIP
TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY, ST, ZIP	6.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 again accompanied with an address.

SIGNATURE: _____ DATE: **6/12/95** (SYSTEM FORM #) **(407)687-1203**

CR2E034 (3/95)