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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V26350

(1)

ROGER PUTNAM INC.

CITY-ST-ZIP

Principal Place of Business 11521 NW 33 ST. 8UNRISE FL 33323		Mailing Address 11521 NW 33 ST. SUNRISE FL 33323-1315			
				3. Date incorporated or Qualified 04/01/1992	3a. Date of Last Report 07/08/1996
	lace of Business	2a, Mailing Address	33"DS+.	4. FEI Number	Applied For
Suite, Apt,	ome * ore		22 21.	65-0337656	Not Applicable
	musc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State	- 1	6. Election Campaign Financing	\$5.00 May Be
	reise, I-L	28 SUNRISE,	-L	Trust Fund Contribution	Added to Fees
Zip 2 22	23 Country	70 2222	Country U.S.A.	8. This corporation has liability for it	
24 555	9, Name and Address of Currer		10 U.S.A.	Florida Statutes 10. Name and Address of New Reg	Yes No
PUTNAM, ROGER 81 Name				10. Hamo and Address of fem file	giotoreu Agent
44E04 NILL OO OT				ress (P.O. Box Number is Not Acceptab	1-\
SUNRISE FL 33323			5treet Addi	ress (P.O. Box Number is Not Acceptab	10)
			83		
			84 City		85 Zip Code
44 5					FL
office or re	egistered agent as both, in the State	of Florida, Such change was au	lhorized by the cornorat	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
•	n lamiliar with, and accept the oblig-	ations of, Section 607.0505, Flori	da Statutes.	1.	1/21/07
SIGNATURE	Signature, by od or printed name of registered age	or and tille if anolicable (NOTE)	Registored Agent signature requi	red when reinstal poi	1/26/7/
12.	OF LICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TATLE	D	DELETE	1.1 TITLE		Change Addition
NAME	PUTNAM, ROGER		1.2 NAME		
STREET ADDRESS	11521 NW 33 ST SUNRISE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	DELETE	1.4 CITY - ST - ZIP		
TITLE NAME			2171116		Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-7iP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEFF ADDRESS		1
CITY-ST-ZIP			3.4. CITY - ST - 7/P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CHY-ST-ZIP		Channe D Addition
TITLE		DELETE	5.1 TITLE	•	☐ Change ☐ Addition
NAME Street address			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 61 THLE		Change Addition
NAME		Reset Conc. / F	6.2 NAME		
CIDELA ADDOLOG					

6.4 CITY-ST-ZiP 14. I do hereby certify that the information supplied with this filming 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 eath; 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 sharped, or or an attachment with an address