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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V35065** (4)
1. Corporation Name
ROGER'S FERN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1304 N PENINSULA 1304 N PENINSULA
NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169
US US

3. Date Incorporated or Qualified 05/01/1992 3a. Date of Last Report 05/26/1994
4. FEI Number 59-3125550 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
LUX, ANDREA D.
452 BOUCHELLE DRIVE
#304
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent
81 Name LUX, ANDREA D.
82 Street Address (P.O. Box Number is Not Acceptable) 1304 N. PENINSULA AVE.
83 New Smyrna Beach
84 City FL 85 Zip Code 32169

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	D
NAME	LUX, ANDREA D.
STREET ADDRESS	452 BOUCHELLE DR #304
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LUX, ANDREA D.	
1.3 STREET ADDRESS	1304 N. PENINSULA AVE.	
1.4 CITY - ST - ZIP	NEW SMYRNA BEACH, FL. 32169	
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 110.07(3)(A), 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 my name appears in Block 12 or Block 13 hereof, or on an attachment with an affidavit.

SIGNATURE: Andrea Lux 2-20-95 90%
ANDREA LUX Date 4/23/1917
Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)