

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90095 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V41600**

1. Corporation Name  
**ROGER INVESTMENT SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % MILTENBERG, 3802 N.E. 207 STREET, SUITE 1002, AVENTURA FL 33180  
 Mailing Address: % MILTENBERG, 3802 N.E. 207 STREET, SUITE 1002, AVENTURA FL 33180

3. Date Incorporated or Qualified  
**06/05/1992**

2. Principal Place of Business: 21, Suite, Apt. #, etc.  
 2a. Mailing Address: 26, Suite, Apt. #, etc.

4. FEI Number: **65-0338514**  
 Applied For:  Not Applicable

22. City & State  
 27. City & State

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. Zip Country  
 28. Zip Country

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip Country  
 25. Zip Country  
 29. Zip Country  
 30. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**FELUREN, MARK  
 WALDMAN & FELMEN PA  
 ONE FINANCIAL PLAZA, SUITE 1500  
 FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILTENBERG, ALISSA</b>	1.2 NAME	
STREET ADDRESS	<b>269 NW 101ST ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILTENBERG, BRUCE</b>	2.2 NAME	
STREET ADDRESS	<b>3802 N.E. 207 STREET, SUITE 1002</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVENTURA FL 33183</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILTENBERG, ANDREW</b>	3.2 NAME	
STREET ADDRESS	<b>245 FIFTH AVE 901</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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.

SIGNATURE: Bruce Miltenberg  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/12/99  
 Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)