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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 740751 (3)

1. Corporation Name
ROCK CREEK, INC.



Principal Place of Business Mailing Address
11700 STONEBRIDGE PARKWAY COOPER CITY FL 33026
11700 STONEBRIDGE PARKWAY COOPER CITY FL 33026-1116

3. Date incorporated or Qualified 11/10/1977
3a. Date of Last Report 03/15/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2003983 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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

9. Name and Address of Current Registered Agent NACHMAN, IRVIN W
4441 STIRLING ROAD
FT LAUDERDALE FL 33314
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D ZINKIL, BILL 1.1 TITLE
NAME 11903 FLICKER WAY 1.2 NAME
STREET ADDRESS COOPER CITY FL 1.3 STREET ADDRESS
CITY-ST-ZIP 1.4 CITY-ST-ZIP
TITLE DV PATTERSON, JOSEPH 2.1 TITLE PETER RICHMAN (PRES)
NAME 11801 S ISLAND DRIVE 2.2 NAME 11607 SUNFISH WAY
STREET ADDRESS COOPER CITY FL 2.3 STREET ADDRESS COOPER CITY FLA 33026
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TITLE S GRUTMAN, RENEE 3.1 TITLE STEVEN MASON (VP)
NAME 2905 CARDINAL DRIVE 3.2 NAME 11270 SUN VIEW WAY
STREET ADDRESS COOPER CITY FL 3.3 STREET ADDRESS COOPER CITY FLA 33026
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE T PEKAREK, JAMES 4.1 TITLE
NAME 11725 KIMMIE DRIVE 4.2 NAME
STREET ADDRESS COOPER CITY FL 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE VP LOWENTHAL, LARRY 5.1 TITLE (D) LARRY LOWENTHAL
NAME 11565 N. QUAYSIDE DRIVE 5.2 NAME 11565 N QUAYSIDE DRV
STREET ADDRESS COOPER CITY FL 5.3 STREET ADDRESS COOPER CITY FLA 33026
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE D MINNAUGH, VICKI 6.1 TITLE (SEC) JOCYLIN WILLS
NAME 17905 NW 15TH ST. 6.2 NAME 2860 W AVIARY DRV
STREET ADDRESS PEMBROKE PINES FL 6.3 STREET ADDRESS COOPER CITY FLA 33026
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: TOM CHADWICK MAWAGER Date: 2.22.97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0023877

CR2E037 (9/96)