

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

**FILED**

**Feb 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P95000092205 (0)**

1. Corporation Name  
**ROCUS, INC.**



Principal Place of Business

**% HAROLD S. BOFSHEVER & ASSOCIATES.P.A.  
2455 E. SUNRISE BLVD. SUITE 917  
FT. LAUDERDALE FL 33304**

Mailing Address

**% HAROLD S. BOFSHEVER & ASSOCIATES.P.A.  
2455 E. SUNRISE BLVD. SUITE 917  
FT. LAUDERDALE FL 33304-1112**

3. Date Incorporated or Qualified **12/05/1995**      3a. Date of Last Report **03/08/1996**

2. Principal Place of Business  
21 **2727 Terramar Street**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **2727 Terramar Street**  
Suite, Apt. #, etc.

4. FEI Number **APPLIED FOR 65-0657694**  
Applied For  Not Applicable

22 City & State  
23 **Ft. Lauderdale, FL**

27 City & State  
28 **Ft. Lauderdale, FL**

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

24 Zip **33304**      25 Country **USA**

29 Zip **33304**      30 Country **USA**

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

9. Name and Address of Current Registered Agent  
**DE RAAT, TEUNIS R  
% HAROLD S. BOFSHEVER & ASSOCIATES, P.A.  
2455 E. SUNRISE BLVD. SUITE 917  
FT. LAUDERDALE FL 33304**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 Name **Teunis R. DeRaaf**  
82 Street Address (P.O. Box Number is Not Acceptable) **2727 Terramar Street**  
83  
84 City **Ft. Lauderdale**      85 Zip Code **FL 33304**

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>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DERAAT, TEUNIS R</b>	
STREET ADDRESS	<b>% 2455 E. SUNRISE BLVD. #917</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>D.P.S.T.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DeRaaf, Teunis</b>	
1.3 STREET ADDRESS	<b>2727 Terramar Street</b>	
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>	
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 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 its 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.

SIGNATURE: *Teunis R. DeRaaf*      Date: **1-31-97**      Daytime Phone #: **954-561-4658**

CR2E034 (9/96)