

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

FILED

Mar 11 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 # 231846

(7)

1. Corporation Name

MOCK, ROOS & ASSOCIATES, INC.

Principal Place of Business

5720 CORPORATE WAY  
WEST PALM BEACH FL 33407

Mailing Address

5720 CORPORATE WAY  
WEST PALM BEACH FL 33407-2004

3. Date Incorporated or Qualified  
01/06/1960

3a. Date of Last Report  
02/27/1996

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-0878800

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

9. Name and Address of Current Registered Agent

ZIMMERMAN, DALE WM  
5720 CORPORATE WAY  
WEST PALM BCH. FL 33407-9004

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CMP	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, DALE WM	
STREET ADDRESS	5720 CORPORATE WAY	
CITY - ST - ZIP	W PALM BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAIN, ROBERT A.	
STREET ADDRESS	5720 CORPORATE WAY	
CITY - ST - ZIP	W PALM BEACH, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCARTHY, THOMAS J. JR	
STREET ADDRESS	5720 CORPORATE WAY	
CITY - ST - ZIP	W PALM BEACH, FL 00000	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	BENNETT, TRACY O.	
STREET ADDRESS	5720 CORPORATE WAY	
CITY - ST - ZIP	W. PALM BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FORD, JOHN P	
STREET ADDRESS	5720 CORPORATE WAY	
CITY - ST - ZIP	W. PALM BCH. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETZOLD, ROBIN B.	
STREET ADDRESS	5720 CORPORATE WAY	
CITY - ST - ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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.

SIGNATURE:

*Dale Zimmerman* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

561-683-3113  
Daytime Phone #

CR2E034 (9/96)