

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

FILED

Apr 17 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 # 639894 (5)			
1. Corporation Name ROKISA, INC.			
Principal Place of Business <del>1500 OE MAGNOLIA EXT</del> <del>SUITE 103</del> <del>OCALA FL 34474</del> US		Mailing Address <del>1500 OE MAGNOLIA EXT</del> <del>SUITE 103</del> <del>OCALA FL 34474-4462</del> US	
2. Principal Place of Business 21 <i>SAME AS</i> Suite, Apt. #, etc. <i># 81, 82, 84</i> 22 City & State 23 Zip Country 24		2a. Mailing Address 26 <i>SAME AS</i> Suite, Apt. #, etc. <i># 81, 82, 84</i> 27 City & State 28 Zip Country 29	
g. Name and Address of Current Registered Agent RENFROE, SAMUEL L. <del>1500 OE MAGNOLIA EXT</del> <del>SUITE 103</del> <del>OCALA FL 34474</del>		10. Name and Address of New Registered Agent 81 Name <i>SAMUEL L RENFROE</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>4566 SE 2ND PLACE</i> 83 84 City <i>OCALA</i> FL 85 Zip Code <i>34471</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENFROE, ROBERT R. 4104 WEST AZEELE ST TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RENFROE, KIMBERLY E. 14112 VILLAGE VIEW DR. TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/11/97</i> (813) 654-1383	



CR2E034 (9/96)