

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 639894 (5)
1. Corporation Name
ROKISA, INC.

Principal Place of Business 4566 SE 2 PL OCALA FL 34471 US	Mailing Address 4566 SE 2 PL OCALA FL 34471 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1979	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1950007	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RENFROE, SAMUEL L. 4566 SE 2 PL OCALA FL 34471				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	RENFROE, ROBERT R.	1.1 TITLE			
STREET ADDRESS	4104 WEST AZEELE ST			1.2 NAME			
CITY-ST-ZIP	TAMPA FL			1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
TITLE	STD	NAME	RENFROE, KIMBERLY E.	2.1 TITLE			
STREET ADDRESS	14112 VILLAGE VIEW DR.			2.2 NAME			
CITY-ST-ZIP	TAMPA FL			2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
TITLE		NAME		3.1 TITLE			
STREET ADDRESS				3.2 NAME			
CITY-ST-ZIP				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE			
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE		NAME		5.1 TITLE			
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE			
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				6.3 STREET ADDRESS			
				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.

SIGNATURE:

 ROBERT R. RENFROE 4/8/98 (813) 654-1383

CR2E034 (10/97)