FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # 68644 ROCRAFT, INC.	(3)			111 INT BURN BURN BURN BURN BURN BURN BURN BURN
Principal Place of Business 2240 BELLEAIR RD STE 285 CLEARWATER FL 34624 US		Mailing Address 2240 BELLEAIR RD STE 285 CLEARWATER FL 3462	•	Date Incorporated or Qualified	
2. Principal Pia	ice of Business	2a. Mailing Address		09/03/1980 4. FEI Number 59-2020936	03/14/1995 Applied For
Suite, Apt. #		Suite, Apt. #, etc.		Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
City & State 23 Zip	Country	City & State 28 Zip	Country	Election Campaign Financing Trust Fund Contribution This corporation has liability for	\$5.00 May Be Added to Fees
24]	25 9. Name and Address of Currer	29]	30		. □ No
	R, JACQUELINE A TACHE COURT		81 Name 82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
	/ATER FL 34624		83 84 City		
11. Parsaant to or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Flori	2 and 607.1508, Florida Statutes	the above period source	ation submits this statement for the pu d of directors. I hereby accept the app	FL 85 Zip Code
SIGNATURE	n, and accept the obligations of, Sect	can doz.coco, richida Statitles.			
12.	OFFICERS AN	W##	Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECTORS IN 12
THEE NAM: STREET ADDRESS	DP WALKER, JOE A 2074 ATTACHE CT CLEARWATER, FL 00000	□ DELETE	1. 1 TITLE 12 NAME 1.3 STREET ADDRESS	Secretary of the secret	Change Addition
CITY - ST - ZIF	DST WALKER, JACQUELINE A 2074 ATTACHE CT	☐ DELETE	1.4 City - St - ZiP 2 1 Title 2.2 NAME		☐ Change ☐ Addition
STREET LADORESS CHIV-SI-ZIP TITLE	CLEARWATER, FL 00000	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	· .	Change CD Addition
NAM: STREET ADDRESS CITY - ST- 7IP			3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP		Change Addition
THEF NAME STREET ADDRESS		☐ DELETE	4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
COTY - ST - ZEP THE E NAME		☐ DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP TITLE NAME		☐ DELETE	53 STREFT ADDRESS 54 CHY-ST-ZIP 6 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY+ST-ZIP	certify that the information supplied v	vith this filing is voluntarily furnish	62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP sed and does not qualify for	r the exemption stated in Section 119	07/2)IM Elorida Stalutos I further

100 neverty certify that the information supplied with this filing is voluntarily furrished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

SUCQUELLED A. Walker SIGNAND OFFICER OF DIRECTOR

3/5/96 (813)530-3788