FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

* CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 16 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740751 (3)

1. Corporation Name
ROCK CREEK, INC.

Principal Place of Business	Mailing Address
11700 STONEBRIDGE PARKWAY COOPER CITY FL 33026	11700 STONEBRIDGE PARKWAY COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1977
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2003983 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NACHMAN, IRVIN W
4441 STIRLING ROAD
FT LAUDERDALE FL 33314

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHMAN, PETER	1.2 NAME	
STREET ADDRESS	11607 SUNFISH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, JOSEPH	2.2 NAME	
STREET ADDRESS	11601 S ISLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	GRUTMAN, RENEE	3.2 NAME	
STREET ADDRESS	2905 CARDINAL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	PEKAREK, JAMES	4.2 NAME	
STREET ADDRESS	11725 KIMMIE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LOWENTHAL, LARRY	5.2 NAME	
STREET ADDRESS	11565 N. QUAYSIDE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MINNAUGH, VICKI	6.2 NAME	
STREET ADDRESS	17905 NW 15TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 3-9-95 (305) 435-1727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PETER RICHMAN

0036883

ADDITIONAL DIRECTOR:

STEVEN MASON
11270 SUN VIEW WAY
COOPER CITY, FL 33026