


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90006 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 740751					
1. Corporation Name ROCK CREEK, INC.					
Principal Place of Business 11700 STONEBRIDGE PARKWAY COOPER CITY FL 33026			Mailing Address 11700 STONEBRIDGE PARKWAY COOPER CITY FL 33026		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2003983	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NACHMAN, IRVIN W 4441 STIRLING ROAD FT LAUDERDALE FL 33314				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANNER, WAYNE	1.2 NAME	SECRETARY
STREET ADDRESS	11745 BERRY DRIVE	1.3 STREET ADDRESS	JOCELYN WILLS
CITY-ST-ZIP	COOPER CITY FL 33026	1.4 CITY-ST-ZIP	2860 W AVIARY DRIVE
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMAN, STAN	2.2 NAME	
STREET ADDRESS	31 BICHESTNUT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, STEVEN	3.2 NAME	
STREET ADDRESS	11270 SUN VIEW WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	5.2 NAME	
STREET ADDRESS	LOWENTHAL, LARRY	5.3 STREET ADDRESS	
CITY-ST-ZIP	11565 NO QUAYSIDE DRIVE	5.4 CITY-ST-ZIP	
	COOPER CITY FL 33026		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	
STREET ADDRESS	MINNAUGH, VICKI	6.3 STREET ADDRESS	
CITY-ST-ZIP	17905 NW 15TH ST.	6.4 CITY-ST-ZIP	
	PEMBROKE PINES FL		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.25.99 Date

Daytime Phone #

954.435.1727

CR2E037 (11/98)