


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

FILED

Jan 20 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 # **850530** (7)
1. Corporation Name
ROCK & WATERSCAPE SYSTEMS, INCORPORATED

Principal Place of Business #11 WHATNEY IRVINE CA 92718	Mailing Address #11 WHATNEY IRVINE CA 92718
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/29/1981	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 95-2932231 Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 92618		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 92618		Country 30		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 BARNARD, GLENN 4434 PARKWAY COMMERCE BLVD ORLANDO 32808				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 reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	CHIEF EXECUTIVE OFFICER			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DOROTHY L		1.2 NAME				
STREET ADDRESS	8 RUSHINGWIND		1.3 STREET ADDRESS				
CITY-ST-ZIP	IRVINE, CA 00000		1.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JERRY L		2.2 NAME				
STREET ADDRESS	33761 SHAMROCK LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA		2.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARNERI, RICHARD P.		3.2 NAME				
STREET ADDRESS	28325 DRIZA		3.3 STREET ADDRESS				
CITY-ST-ZIP	MISSION VIEJO, CA 00000		3.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIESZ, LANCE C		4.2 NAME				
STREET ADDRESS	22521 HILLSBORO DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAGUNA NIGUEL CA		4.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KAREN L		5.2 NAME				
STREET ADDRESS	33761 SHAMROCK LANE		5.3 STREET ADDRESS				
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA		5.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, GLENN S		6.2 NAME				
STREET ADDRESS	764 SWAYING PALM DR		6.3 STREET ADDRESS				
CITY-ST-ZIP	APOPKA FL		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:

Richard P. Guarneri **RECEIVED** **1-7-98** **714-772-1434**

CR2E034 (10/97)