

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003432 (0)

1. Corporation Name

ROCKFORD INDUSTRIES, INC.



Principal Place of Business

Mailing Address

**1851 EAST FIRST ST.
SANTA ANA CA 92705**

**1851 EAST FIRST ST.
SANTA ANA CA 92705**

3. Date Incorporated or Qualified

07/17/1985

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

Suite 600

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. # etc

Suite 600

City & State

28

Zip

Country

29

30

4. FEI Number

33-0075112

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of principal officer or director (Required for all filings)

Signature of Registered Agent (Signature required when registered agent)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICCO, GERRY	
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.	
CITY- ST- ZIP	SANTA ANA CA 92705	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARTMANN, LARRY	
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.	
CITY- ST- ZIP	SANTA ANA CA 92705	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SEGEL, BRIAN	
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.	
CITY- ST- ZIP	SANTA ANA CA 92705	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	DAVIS, LARRY	
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.	
CITY- ST- ZIP	SANTA ANA CA 92705	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DELLEMANN, CLARE	
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.	
CITY- ST- ZIP	SANTA ANA CA 92705	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	White, Larry K.
63 STREET ADDRESS	1851 East First St., 6th Fl
64 CITY- ST- ZIP	Santa Ana, CA 92705

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: *[Signature]* **SVP/CFD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96

714-547-7166

CR2E034 (3/96)