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FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003432 (0)

1. Corporation Name:

ROCKFORD INDUSTRIES, INC.

Principal Place of Business

1851 EAST FIRST ST.
SUITE 600
SANTA ANA CA 92705
US

Mailing Address

1851 EAST FIRST ST.
SUITE 600
SANTA ANA CA 92705-4049
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

06/11/1996

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

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 607.0532 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	SEIGEL, 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 checked="" type="checkbox"/> DELETE
NAME	DELLEMAN, CLARE	
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.	
CITY - ST - ZIP	SANTA ANA CA 92705	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITE, LARRY K.	
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.	
CITY - ST - ZIP	SANTA ANA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

L. Ricco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

714-566-7166

Date

Daytime Phone #

CR2E034 (9/96)