


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90037 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003432
 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 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/17/1995	
4. FEI Number 33-0075112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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

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	V	<input type="checkbox"/> DELETE
NAME	MCDONNELL, KEVIN	
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.	
CITY-ST-ZIP	SANTA ANA CA 92705	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CORZINE, JAMPS N	
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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Corzine, James
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Contrallor Sweeney, Robert
6.3 STREET ADDRESS	1851 East First St., 6th FL
6.4 CITY-ST-ZIP	Santa Ana, CA 92705

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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)