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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500005074 (8)

NUROCK CORPORATION

Prin	Principal Place of Business									
5920	ROSWELL	ROAD.	\$TE	B107-184						

Mailing Address

SOON BOOWELL BOAD STE BLOZIBA

FILED Jan 23 1997 8:00am Secretary of State



ATLANTA GA 30328			ATLANTA GA 30328-4913					
2. Principal Prace of Business			2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1995	3a. Date of Last Report 02/20/1996		
		2a. Mailing Ad			4. FEI Number		Applied For	
21		26				58-2110608		Not Applicable
Suite, Apt 22	#, €tc.	Soile, Apt.	#, etc.			5. Certificate of Status Desired	1 1 7 "	75 Additional e Required
City & State	2	City & Stat	е			6. Election Campaign Financing	\$5.	.00 May Be
23		28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip	1	Country		8. This corporation has liability for		ler s. 199.032,
24	25	29		30		Florida Statutes L 10. Name and Address of New Re	Yes No	
	9. Name and Address of Cu			81	Name	10. Name and Address of New Re	gistered Agent	***************************************
	CORPORATE SERVICES OF	- CENTRAL FLURIDA	1	"	i Name			
INC.	NORTH ADMINE MENE	OTC 4400		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
	NORTH ORANGE AVENUE,	SIE 1100		83				
UKD	ANDO FL 32801			53				
				84	City		FL 85	Zip Code
		0.00 - 1.00 TI-00 FI	Chat she	- 4b - ab av		and the state of t		ing its societored
office or r agent I a	egistered agent, or both, in the S m familiar with, and accept the c	State of Florida, Such ch obligations of Section 60	ange was au 07.0505, Flori	s, the above uthorized by ida Statutes	the corpora c.	poration submits this statement for the partition's board of directors. I hereby accept	ot the appointmen	it as registered
SIGNATURE								
	Styration typed or perfect after of register	ea agent and the it applicable. S AND DIRECTORS	NOTE	Reg stered Age	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	TORCINI 12
12.	PDT		DELETE	1.1 JULE		ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	HOSKINS, ROBERT		DEELIE	12 NAME	ļ .			nge /radioon
STREET ADDRESS	4148 WESTCHESTER CRO	ISSING		1.3 STREET	ADDDTEE			
	ROSWELL GA	.001110						
CITY - ST - Zill' Tifle	SD		DELETE	1.4 CITY - S 2.1 TITLE	I-ZIP		Cha	nge Addition
NAME	HOSKINS, SANDRA		DELETT	2.2 NAME	l l			
STREET ADDRESS	4148 WESTCHESTER CRO	ISSING		2.3 STREET	ADDRESS			
CITY-ST-ZIP	ROSWELL GA			2. 4 CITY -			<i>(</i> *o	
TITLE			DELETE	3.1 TITLE	01-211		☐ Cha	inge Addition
NAMi				3.2 NAME	1			
STREET ADDRESS			•	3 3 STREET	ADDRESS			
C Tr - ST - ZIP				34, CITY-				
THEF			DELETE	4 1 TITLE			☐ Cha	inge 🔲 Addition
NAME:				4 2 NAME				
STREET ADDRESS.				4 3 STREET	ADDRESS			
Cr1y - \$1 - ZIP				4.4 CITY - S	ST-ZIP			
THLE			DELETE	51 TITLE			☐ Cha	inge Addition
NAME				5 2 NAME		·		
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY - \$1 - 7-7				5.4 CITY - S	T-ZIP			
TIFLE			DELETE	6.1 TITLE			☐ Cha	inge 🔲 Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				64 CHTY-5				
14 Ldo borol	Control of the state of the section of the second	and the state of t	an not qualify	doctor over	mobion state	d in Contine 110 07/23/61 Florida Statute	a Lituribor cortifu	that the

I do neceby 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 is 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 Brock 13 if chapted in on an attachment with an address.

SIGNATURE:

SIGNATURE AND T PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0011926