FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

H78340

(7)

DOCUMENT #

1. Corporation Name ROCHESTER MISTY CREEK, INC.

HOCHESTER MISTY CHEEK, INC.													
Principal Place of Business Mailing Address									1 Janifall Alle 1884 i Bist innt arbit	2517 B1211 B1517 1			
% ARFC 228 EAST MAIN ST., STE 300 ROCHESTER NY 14604 US					% ARFC 228 EAST MAIN ST., STE 300 ROCHESTER NY 14604 US			Date Incorporated or Qualified	3a Date of	Last Ro	oort		
									3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1985 08/11/1995				
2 . F	Principal Place	e of Busin	ess	2a.	Mailing Address				4. FEI Number	·	А	pplied For	
21				26					16-1266930			lot Applicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
22	Dit. P. Ctoto			27	City & State	· · ·			6. Election Campaign Financing		\$5.00	May Be	
23	Dity & State			28	Ony & Oldio				Trust Fund Contribution			to Fees	
	Zip		Country		Zip	Cou	ntry		8. This corporation has liability for i		under s	199.032,	
24			25	29		30			Florida Statutes Yes 10. Name and Address of New R		ent		
		9. Name	and Address of Curre	nt Hegis	tered Agent		81	Name	10. Name and statement				
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET							82		ress (P.O. Box Number is Not Acceptable)				
							82	Street Addr					
	SUITE 10						83						
	TALLAHA		L 32301				84	City		FL	85 Zic	Code	
					7 1500 Florido Stotut	on the abo		named cornor	ation submits this statement for the pured of directors. I berefy accept the ann	nose of chan	aina its n	egistered office	
11.	or engintered	d pagant a	r both, in the State of Eld	irida Suci	n change was authoriz	eabythe	corp	oration's boar	rd of directors. I hereby accept the app	ointment as re	gistered	agent. I am	
	familiar with	, and acc	ept the obligations of, Se	ction 607	.0505, Florida Statutes	i.							
SIG	SNATURE	Ignature, type	d or printed name of registered ago	and title if	apptoable (NC	TE: Registered	Ager	it signature require	d when reinstating)	DATE			
12.			OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFF		Onange	RS IN 12	
TITL	Ę	PD			DELETE	1.11					Change		
NAN	l		NY, ROBERT N			12 N						ļ	
STA	EET AUDRESS		. MAIN STREET, STE	. 300		B)		ADDRESS					
	r-ST-ZIP		IESTER NY		☐ DELETE	2.1		ST-ZIP			Change	☐ Addition	
1131		S	DV E CADDETT			221				<u></u>			
NAN			RY,E. GARRETT Emain St					ADDRESS					
	EET ADDRESS		HESTER NY					ST - ZIP					
TITE	Y-ST-ZIP	VP	ICOTEN INT		DELETE		TITLE				Change	Addition	
NAM			ONI, MARTHA L.		_	321	IAME						
1	EET ADORESS		. MAIN STREET, STI	E. 300		3.3.	STREE	T ADDRESS					
	Y-\$1.ZIP		JESTER NY			340	HY-	ST-ZIP					
TITE		٧			☐ DELETE	4 1	TITLE			L	Change	☐ Addition	
NA	ME	KOR	N, GERALD B.			4.21	MAME					•	
STE	REET ADDRESS	228 (EAST MAIN ST., STE	300		4.3	STREE	T ADDRESS					
	Y - ST-ZIP	ROC	HESTER NY					ST-ZIP			1 Change	Addition	
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NA:	MΕ						NAME						
STE	REET ADDRESS					- 1		RESIDENT 1					
CH	Y-ST-ZIP				- Imposer			ST-ZIP] Change	Addition	
111	i.E				☐ DELETE		TITLE	ì		L.	1 Augusta		
NA.	ME						NAMé						
STE	REE1 ADDRESS							T ADDRESS					
Lou	IY-ST-7iP					64	CHY-	ST-ZIP					

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 certify 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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)