

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # J06010 (9)
1. Corporation Name
ROCON, INC.



Principal Place of Business
10801 STARKEY RD., #17
LARGO FL 34647

Mailing Address
10801 STARKEY RD., #17
LARGO FL 34647

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3665 E. Bay Drive #146 Suite, Apt. #, etc. 22 Largo, FL 33771 City & State 23 Largo, FL Zip 24 33771		2a. Mailing Address 26 3665 E. Bay Drive #146 Suite, Apt. #, etc. 27 Largo, FL 33771 City & State 28 Largo, FL Zip 29 33771		3. Date Incorporated or Qualified 03/26/1986	
25 USA		30 USA		4. FEI Number 59-2662404	
Country		Country		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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TINUS, ROSE ANN
101 S. OLD COACHMAN RD.
#601
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name	Rose Ann Tinus
82 Street Address (P.O. Box Number is Not Acceptable)	2293 Springwood Circle W.
83	
84 City	Clearwater
85 Zip Code	FL 33763

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINUS, ROSE ANN	1.2 NAME	
STREET ADDRESS	101 S. OLD COACHMAN RD., #601	1.3 STREET ADDRESS	2293 Springwood Circle W.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 33763
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUZIO, CONCETTA	2.2 NAME	
STREET ADDRESS	2291 AMERICUS BLVD. W., APT. 35	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Rose Ann Tinus / ROSE ANN TINUS, President 4/2/98 813-786-7009

CR2E034 (10/97)