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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

(2)

	ROKE COMMONS L.T., IN	Mailing Addr	ress						
BRIGHTON RD. 6 BRIGHTON R O. BOX 5108 P.O. BOX 5109 LIFTON NJ 07015 CLIFTON NJ 07									
					3. Date Incorporated or Qualified 07/06/1987		3a. Date of Last Report 04/04/1995		
ricipal Plac	e of Business	2a. Mailing A	Address			4. FEI Number 22-3058500			Applied Fo
te, Apt. #,	etc.	Suite, Ar.	ot. #, etc.		•	5. Certificate of Status Desi	ired 🔲		75 Addition e Required
& State		City & State				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe			
	Country 25	<i>Z</i> ip 29		Country 30		This corporation has liab Florida Statutes	ility for intang		s 199.032,
	9. Name and Address of Currer	nt Registered Age	ent			10. Name and Address of	New Regist	ered Agent	
				81	Name				
THE PRENTICE-HALL CORPORATION SYSTEM				82	Street Addr	ess (P.O. Box Number is Not Ac	coeptable)		
	AYS STREET								
SUITE 1				83					
IALLAN	ASSEE FL 32301			84	City			FL 85	Zip Code
ursuant to				1 1					
r registered	the provisions of Sections 607.0502 diagent, or both, in the State of Flori	2 and 607,1508, Fl ida. Such change v	lorida Statute was authorize	s, the above no d by the corpo	amed corpor oration's boa	ration submits this statement for rd of directors. I hereby accept t	the purpose he appointme	of changing it ent as register	s registered ed agent. La
	the provisions of Sections 607.0502 d agent, or both, in the State of Flori , and accept the obligations of, Sec	2 and 607,1508, Fl ida, Such change v tion 607,0505, Flor	lorida Statute: was authorize ida Statutes.	s, the above no	amed corpor oration's boar	ration submits this statement for rd of directors. I hereby accept t	the purpose he appointme	of changing it ent as register	s registered ed agent. I a
MURE _									s registered ed agent. I a
MURE _	grafine typed or printed name of registered ager			is, the above naid by the corporate February 13.			0	DATE	
NTURE" _	grafine typed or printed name of registered ager	Land tille if application		F: Registered Agent		d when reinstating)	0	DATE	TORS IN 12
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