


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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J98925 (7)					
1. Corporation Name BEDROCK ENTERPRISES, INC.					
Principal Place of Business 125 CLEVELAND AVE #26 COCOA BEACH FL 32931 200 INTERNATIONAL DR #807 CAPE CANAVERAL FL 32920			Mailing Address 125 CLEVELAND AVE #26 COCOA BEACH FL 32931 200 INTERNATIONAL DR #807 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1987	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22. City & State		27. City & State		4. FEI Number 59-2852720	
23. Zip		28. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PEARSON, WILLIAM J. 125 CLEVELAND AVE #26 COCOA BEACH FL 32931 200 INTERNATIONAL DR #807 CAPE CANAVERAL, FL 32920			10. Name and Address of New Registered Agent		
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.			81. Name		
SIGNATURE			82. Street Address (P.O. Box Number is Not Acceptable)		
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			83.		
DATE			84. City		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2. NAME PEARSON, WILLIAM J.			1.2 NAME		
3. STREET ADDRESS 125 CLEVELAND AVE #26 200 INTERNATIONAL DR #807			1.3 STREET ADDRESS		
4. CITY - ST - ZIP COCOA BEACH FL CAPE CANAVERAL FL 32920			1.4 CITY - ST - ZIP		
5. TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6. NAME			2.2 NAME		
7. STREET ADDRESS			2.3 STREET ADDRESS		
8. CITY - ST - ZIP			2.4 CITY - ST - ZIP		
9. TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
10. NAME			3.2 NAME		
11. STREET ADDRESS			3.3 STREET ADDRESS		
12. CITY - ST - ZIP			3.4 CITY - ST - ZIP		
13. TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. NAME			4.2 NAME		
15. STREET ADDRESS			4.3 STREET ADDRESS		
16. CITY - ST - ZIP			4.4 CITY - ST - ZIP		
17. TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
18. NAME			5.2 NAME		
19. STREET ADDRESS			5.3 STREET ADDRESS		
20. CITY - ST - ZIP			5.4 CITY - ST - ZIP		
21. TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
22. NAME			6.2 NAME		
23. STREET ADDRESS			6.3 STREET ADDRESS		
24. CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do 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: <u>William J. Pearson</u> 3 April 1997 (407) 999-1006					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)