

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K24344

(9)

1. Corporation Name
ROCK WOODWORKS INC.

Principal Place of Business
7640 HOOPER RD
BAY 3, 4, & 5
WEST PALM BEACH FL 33411
US

Mailing Address
5454 ALTA WAY
LAKE WORTH FL 33467-5526
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6519 ROCK CREEK DR.

22 City & State

27 City & State

23 Zip Country

28 LAKE WORTH, FL.

24 33467

29 33467

3. Date Incorporated or Qualified
05/20/1988

3a. Date of Last Report
04/16/1996

4. FEI Number
65-0060203

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ROCK, HOLLY
5454 ALTA WAY
SUITE A-11
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

ROCK, HOLLY
6519 ROCK CREEK DR.
LAKE WORTH FL 33467

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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Change Addition

TITLE
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CITY - ST - ZIP

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Change Addition

TITLE
NAME
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CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for 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

CR2E034 (9/96)