

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG 11 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # K57976 (8)
1. Corporation Name
ROCKET II CARPENTRY, INC.

Principal Place of Business C/O JOSEPH TELESE, JR. 2581 SW HINCHMAN STREET PORT ST LUCIE FL 34984-4914	Mailing Address C/O JOSEPH TELESE, JR. 2581 SW HINCHMAN STREET PORT ST LUCIE FL 34984-4914
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1989		3a. Date of Last Report 06/24/1996	
4. FEI Number 65-0093933		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 JOSEPH TELESE JR 27 Suite, Apt. #, etc. 28 2594 SE WELSH ST 29 City & State 30 PORT ST LUCIE FL 31 Zip 32 Country	
9. Name and Address of Current Registered Agent TELESE, JOSEPH JR 2597 S W HINCHMAN ST. PORT ST LUCIE FL		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 FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROESEMANN, WILLIAM			1.2 NAME	ROESEMANN, WILLIAM		
STREET ADDRESS	2581 SW HINCHMAN ST.			1.3 STREET ADDRESS	760 SW. PELICAN COVE		
CITY-ST-ZIP	PORT ST LUCIE FL			1.4 CITY-ST-ZIP	PORT ST. LUCIE FL		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSEPH, TELESE J			2.2 NAME			
STREET ADDRESS	2594 SE WELSH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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: William Roeseemann, William Roeseemann 8-2-97

CR2E034 (4/97)

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AUGUST 2, 1997

ROCKET II CARPENTRY INC
C/O WILLIAM ROESEMANN
760 SW PELICAN COVE
PORT ST LUCIE FL 34986

ATTENTION FLORIDA DEPARTMENT OF STATE:

I HAVE CALLED YOUR OFFICE ABOUT A SECOND NOTICE THAT I RECEIVED. I INFORMED THE OFFICE THAT I HAD NEVER RECEIVED THE FIRST NOTICE AND THAT IN THE LAST YEAR I HAVE MOVED TWO TIMES. MY CORRECT ADDRESS IS AS STATED ABOVE AND IT WILL NOW BE MY PERMANENT ADDRESS. YOUR OFFICE ALSO TOLD ME TO ONLY SEND ONE HUNDRED AND SIXTY FIVE DOLLARS WITH THIS LETTER. IF THERE ARE ANY OTHER CHANGES IN THE FUTURE I WILL CONTACT YOUR OFFICE.

SINCERELY,

WILLIAM ROESEMANN
PRESIDENT

