PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L23824

1. Corporation Name

ROCKLA	AND INVESTMENT CORPORA	ATION, INC.							
·	· · · · · · · · · · · · · · · · · · ·								
Principal Plac	ce of Business	Mailing Address							
1438 KENNEDY		1438 KENNEDY DA.							
P.O. COX 1529		P.O. BOX 1529 KEY WEST FL 33041-1529			DO NOT WRI	TE IN THIS SP	ACE		
KEY WEST FL	33040-4008	US 1 WEST PL 33041-1323			3. Date incorporated or Qualifed				7
!		V 0			10/18/1989				l
2 Principal P	Mace of Business	2a, Mailing Address			4. FEI Number		And	lied For	1
			1	^	65-0281317			Applicable	1
Suite, Apt.	US Highway One	26 121 US Hi Suite, Apt. #, etc.	gnway.	.une		·	\$8.75 A	<u> </u>	1
	ite 109	27 Suite 10	9		5. Certificate of Status Desired		Fee Rec		ļ
Citý & Sta		City & State	-	£. ·	8. Election Campaign Financing		\$5.00	May Re	1
23 Key	West, Florida	28 Key West	Flor	rida	Trust Fund Contribution		Added to		ł
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year intang	ible		1
24 3.	3040 25	29 33040	30	<u> </u>	Personal Property Tax.	<u> </u>	Yes [□No	1
	9. Name and Address of Current				10. Name and Address of New F	egistered Age	nt		1
			81	Name	Sugar York				1
	ip, william o.		82		Susan Kemp Iress (P.O. Box Number Is Not Accepte	ble)	··		1
1438 KENNEDY DR		"-	121 US Highway One		,]	
Key	WEST FL 33040		83						1
ļ	•				uite 109	1	5 Zip C	nda	┨
{			84	City K	ey West	FL	5 ZIP C	OU6	l
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above	named con	noration submits this statement for the	purpose of cha	nging its r	egistered	1
office or r	registered agant, or both, in the State of the familiar with, and accept the obligation	f Florida. Such change was a oas of, Section 607,0505, Flo	uthorized by rida Statutes.	tne corporati	ion's board of directors. I heraby accep	и ине арроилил	eni as regi	1219190	Į
1 290									
CICNATURE	All Land	emily							ĺ
SIGNATURE	Signification, typical or printed name of registered agent	and the			ed when reinstating)	DATE			\
SIGNATURE	Standards, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registered Agen			DATE ICERS AND D			
<u></u> _		and title if applicable. (NOTE	: Registered Agen	e agnetime require	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND E	Change	RS IN 12	1 6 6 7 7 7
12.	OFFICERS AND	and title if applicable. (NOTE	: Registered Agen	signatura require	ADDITIONS/CHANGES TO OF	DATE FICERS AND E	Change		100
12.	P KEMP, SUSAN	and title if applicable. (NOTE	: Registered Agen	s agnatura require	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND E	Change		1007
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12. TITLE NAME STREET ADDRESS	P KEMP, SUSAN 1438 KENNEDY DR.	and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	augnature require	ADDITIONS/CHANGES TO OF	DATE FICERS AND E	Change		100000
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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, oyon an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SEAS METHOD SEQUIRED THE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90228 021 ***150.00