


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

04-20-1999 90228 021 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L23824**  
 1. Corporation Name  
**ROCKLAND INVESTMENT CORPORATION, INC.**

Principal Place of Business 1438 KENNEDY DR. P.O. COX 1529 KEY WEST FL 33040-4008	Mailing Address 1438 KENNEDY DR. P.O. BOX 1529 KEY WEST FL 33041-1529 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/18/1989**

2. Principal Place of Business 21 <b>121 US Highway One</b> Suite, Apt. #, etc. 22 <b>Suite 109</b> City & State 23 <b>Key West, Florida</b> Zip 24 <b>33040</b>	2a. Mailing Address 26 <b>121 US Highway One</b> Suite, Apt. #, etc. 27 <b>Suite 109</b> City & State 28 <b>Key West, Florida</b> Zip 29 <b>33040</b>
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4. FEI Number <b>65-0281317</b>	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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**KEMP, WILLIAM O.**  
**1438 KENNEDY DR**  
**KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name <b>Susan Kemp</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>121 US Highway One</b>
83 <b>Suite 109</b>
84 City <b>Key West</b>
85 Zip Code <b>FL</b>

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 *Susan Kemp* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KEMP, SUSAN</b> <b>1438 KENNEDY DR.</b> <b>KEY WEST FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HENSON, STEVE</b> <b>1415 ATLANTIC BLVD.</b> <b>KEY WEST FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>121 US Highway One, Suite 109</b> <b>Key West, FL 33040</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Kemp* **SIGNATURE REQUIRED** **4-13-99**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)