


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

FILED

Feb 17 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 # L29279 (1)			
1. Corporation Name ROCKY ROAD ENTERPRISES, INC.			
Principal Place of Business 1700 RIDGEWOOD AVENUE HOLLY HILL FL 32117		Mailing Address 1700 RIDGEWOOD AVENUE HOLLY HILL FL 32117-1736	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 2840 SUNSET DRIVE	
22 City & State		27 City & State	
23 NEW SMYRNA BEACH, FL.		28 NEW SMYRNA BEACH, FL.	
24 Zip		29 Zip	
25 Country		30 VOLUSIA	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMPAGNUOLO, FRED 314 CAROL ANN DR. EDGEWATER FL 32132		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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			
1.1 TITLE <input type="checkbox"/> DELETE			
1.2 NAME FRED CAMPAGNUOLO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.3 STREET ADDRESS 2840 SUNSET DRIVE			
1.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL. 32168			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME			
6.3 STREET ADDRESS			
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: <i>Fred M. Campagnuolo</i> 2-11-97 904-424-8527			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)