FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # M7402 ROCK ENTERPRISES OF S	- \-/							<u> </u>
Principal Place of Business Mailing Address						- I FABIOPII III IEFER BIDII OOIID IHAT			4

3800 S. TAMIAMI TRAIL 3800 S. TAMIAMI TRAIL #101			AIL						
SARAOSTA I	FL 34239	SARAOSTA FL 34239)						
		**************************************				3. Date Incorporated or Qualified		te of Last Re	
					· · · · · · · · · · · · · · · · · · ·	03/28/1988		04/27/19	95
·ι '	ace of Business	2a. Mailing Address				4. FEI Number		h	Applied For
21	41	26				65-0038021			Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State	,	City & State							Required
23	•	28				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zip	Count	nv		8. This corporation has liability for	intanaible		
24	25	29	30	. ,			□ No	.ax unuar s	199.002,
	g. Name and Address of Currer					10. Name and Address of New R		Agent	
			6	1 N	ame				
SHANAHAN, DAN				2 S	troot Addre	ess (P.C. Box Number is Not Acceptab	do)		
800 HUDSON AVENUE, #101				* 3	reet Addit	ass (F.O. BOX NOTION IS NOT Acceptab	ne,		
SARASO	OTA FL 34236		8	3					
				4 C	itu.			TorT 7.	p Code
					-		FL	_ ' '	·
SIGNATURE _	Styriature, typed or printed name of registered agont	t and title 1 applicable (N	zed by the co S. OTE: Registered A			ation submits this statement for the pur d of directors. Thereby accept the appointment of the appointment of the appointment of the accept the appointment of the accept the appointment of the accept the acceptance the ac	DATE	s recistered	agent. I am
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			· · · · · · · · · · · · · · · · · · ·
TITLE	DP	☐ DELETE	1. 1 TiTL					☐ Change	Addition
NAME	SHANANHAN, GEORGE DAN	AIEL	1.2 NAM						!
STREET ADDRESS	3800 S.TAMIAMI TR. #101 SARASOTA FL		1.3 STRE		- 1				
CiTY-ST-7IP TITLE	DST	□ DELETE	1.4 CITY		<u> </u>				fra salar
NAME	SHANANHAN, MARY E.	Dreffere	2. 1 TITL					☐ Change	Addition
STREET ADDRESS	3800 S.TAMIAMI TR. #101		2 2 NAM						
CITY-ST-ZIP	SARASOTA FL		2 3 STRE		ļ				
TITLE	DVP	DELETE	2.4 CITY 3. 1 TITL		·			[] Change	Addition
NAME	SHANAHAN, BARBARA A.		3.2 NAM					L_1 change	
STREET ADDRESS	3800 S TAMIAMI TR #101		3 3 STR		BESS				
CITY+ST-ZIP	SARASOTA FL		3.4 CITY		I				
TITLE		☐ DELETE	4. 1 TITL					Change	Addition
NAME			4.2 NAM	E					
STREET ADDRESS			4.3 \$TRE	ET ADD	RESS				
C(1y - S1 - ZIP			4.4 CITY	- S7 - ZIF	,				
TITLE		☐ DELETE	5 1 TITL	E				☐ Change	☐ Addition
NAME			5.2 NAM	E					i
STREET ADDRESS			53STRE	et add	RESS				ſ
CITY-ST-ZIP			5.4 CITY	- ST - ZIF	·				
TITLE		☐ DELETE	6 1 TITL	E				☐ Change	☐ Addition
NAME			6.2 NAM	E					ſ
STREET ADDRESS	_		63 STRE	ET ADD	RESS				i
CITY-ST-ZIP			6.4 CHY	. ST. 70	,				

14. It do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 undor oath; that I am an officer or director of the corporation or the disceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 fr shanged grown an attact yield with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SEMING OFFICER OR DIRECTOR