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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED May 06 1997 8:00am Secretary of State

AHREKN ROCK' INC		
Principal Place of Business	Mailing Address	I SANDALANDA LIN ALDRA TIRLE NIMBO NILIKA DENGE MENDEL MINDA DENGEN MINDEL MINDE

7000 W PALME STE. 212 BOCA RATON US	FL 83433	7000 W. PALMETTO PARK R STE 212 BOCA RATON FL 33433-3430 US		Date Incorporated or Qualified	3a, Date of Last Report	
				12/30/1988	05/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	0>	4. FEI Number	Applied For	
21 30/	YAMATO FD	26 301 YAMAT	O KD	51-0315865	Not Applicable	
Suite, Apt. 1 22 Sw /	1. etc. TE3101	Suite, Apt. #, etc. 27 Su/TE 3/		5, Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ARATON FL	City & State 28 60CA-RATO	NFL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
^{Zip} 24 3343	Country 25 MALM REACH	Zip 29 33 43 / 36	Sountry Par m KFA	8. This corporation has liability for i	ntangible tax under s. 199.032,] Yes = [] No	
<u> </u>	9. Name and Address of Current I		e proces	10. Name and Address of New Re		
7000 STE	LTZ, II M D W PALMETTO PARK RD . 212 CA RATON FL 33433		81 Name 82 Street 30 83 5 4 84 City	AME Address (P.O. Box Number is Not Acceptable 1 TE 3 10 1 CARATON	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 fegislered 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typod or printed name of registered agent a	and title if applicative (NOTL F	logislared Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TALE	DC	☐ DELETE	1.1 TITLE	Same	☐ Change ☐ Addition	
NAME	STOLTZ, MORRIS LEWIS II		1.2 NAME	- SHARE	54 1777 3 10 1	
STREET ADDRESS	7000 W PALMETTO PARK RD, S	STE. 212	1.3 STREET ADDRESS	30/ YAMAIOKI	JULI 1 1 5/0 1	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	SAME 3014AMATORDS BOCA-RATON	FL33431	
TITLE		DELETE	21 BTCE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - 7IP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.8 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.4 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.8 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DETELE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.8 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELFTÉ	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.8 STREET ADDRESS			
CITY-ST-ZIP			6 4 CITY-ST-ZIP			
14. I do heret						
pformatic	by certify that the information supplied to indicated on this applied report of the	with this filing does not qualify	for the exemption s	itated in Section 119.07(3)(i), Florida Statute I that my signature shall have the same lega	s. I further certify that the	