

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P27566 (9)

1. Corporation Name

PRINZ ROKA CORPORATION



Principal Place of Business

303 RIVER DR. B-35  
DUNNELLON FL 32630

Mailing Address

20820 RIVER DR  
B-35  
DUNNELLON FL 34431  
US

3. Date Incorporated or Qualified

01/04/1990

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 20820 River Dr B-35

25

4. FET Number

22-2035142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Dunnellon FL

27

Zip

Country

Zip

Country

24 34431

25 Marion

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROKA, ANDREAS  
20820 RIVER DR B35  
DUNELLON FL 34431

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

Signature: Type or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROKA, ANDREAS  
STREET ADDRESS 20820 RIVER DR B35  
CITY-ST-ZIP DUNELLON FL

TITLE SVD ☐ DELETE

NAME ROKA, PATRICIA  
STREET ADDRESS 20820 RIVER DR B35  
CITY-ST-ZIP DUNELLON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I 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 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 in an amendment with an address.

SIGNATURE:

Patricia Roka Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(904) 489-6518  
Date Date/Time Phone #

CR2E034 (12/95)