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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	ANNUAL REPORT Secretary of State  1998 DIVISION OF CORPORATIONS			Secretary of State		
		00004643 (0	))			
R.S. ST	rocking, inc.					
Principal Plac	e of Business	Mailing Address				
821 HIBISCUS DR ROYAL PALM BEACH FL 33411 US  821 HIBISCUS DR ROYAL PALM BEACH FL 33411 US  US						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a, Mailing Address	·		01/10/1994 4. FEI Number Applied For	
21	Idob Or Dusiness	26			4. FEI Number Applied For St-05-15932 Not Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5 Certificate of Status Dosired \$8.75 Additional	
22 City 6 Ctat		27			Fee Required	
City & State	<del>U</del>	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cure	rent Registered Agent		81 Name	10. Name and Address of New Registered Agent	
	OCKING, R. SCOTT					
821 HIBISCUS DR ROYAL PALM BEACH FL 33411				82 Street Address (P.O. Box Number is Not Acceptable)		
1.0	THE CHAIN DESIGN TE GOTT			83		
				84 City	85 Zip Code	
					FL   \	
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change wa	is authorize:	d by the co	d corporation submits this statement for the purpose of changing its registered progration's board of directors. I hereby accept the appointment as registered	
-	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Stat	utes.		
SIGNATURE	Signature, typed or printed name of registered	agent and title it applicable (N	NOTE: Registere	Agent signatu	ore required when reinstating) DATE	
12	·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D STOCKING, R S	L☐ DELETE	1.1 111		Change Addition	
NAME STREET ADDRESS	821 HIBISCUS DR.		1.2 N/	reet address		
CITY-ST-ZIP	ROYAL PALM BEACH FL			NEET ADDRESS TY-ST-ZIP		
TITLE		DELETE	2.1 TF		Change Addition	
NAME			2.2 NA	ME		
STREET_ADDRESS	· <del></del>		2.3 ST	REET ADDRESS		
CITY-ST-ZIP		[ ] briere		ITY-ST-ZIP	Chara	
TITLE		DELETE	3.1 T()		Change Addition	
NAME STREET ADDRESS			3.2 NA 3.3 ST	ime Reft address		
CITY-\$1-ZIP			I 1	TY-ST-ZIP		
TITLE	<del></del>	DELETE	4.1 Til		Change Addition	
NAME			4. 2 N	AME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	<del>_</del>	DELETE		TY-\$1-ZIP	Change Addition	
NAME		← DECEIE	5.1 TIT 5.2 NA		Change L. Addition	
STREET ADDRESS				imil Reet address		
CITY-\$1-ZIP				TY-ST-ZIP		
TITLE		DELETE	6.1 Til		Change Addition	
NAME			6.2 NA	ME		
STREET ADDRESS			63 SI	reet address	:	
CITY-ST-ZIP			64 CF	[Y-S1-ZIP		

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 receive of 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 receive of 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 receive of 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 receive of further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Flori

SIGNATURE:

**FILED** 

Jan 23 1998 8:00am