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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000025731 (8)

ROCA	HOME MANAGEMENT, IN	IC.						A INCHES AND SURVEY AND A SURVEY ASSESSMENT	1 44 1/1 4 41/ 3	10 0 01 0 1011 40 40	
Principal Place of Business Mailing Address							1 EBLII BEIND				
7219 PANACHE WAY 7219 PANACHE WAY BOCA RATON FL 33433 BOCA RATON FL 33433											
								3. Date Incorporated or Qualified 03/31/1994		ate of Last F 03/17/19	
2. Principal Pi	ace of Business	├ ¬	Mailing Address					4. FEI Number			Applied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc					65-0486732			Not Applicable 5 Additional
22		27						5. Certificate of Status Desired			Required
City & State	9	1	City & State					6. Election Campaign Financing	<u></u>	\$5.0	0 May Be
23 Zip		28	····					Trust Fund Contribution		Adde	od to Fees
24 Zip	Country 25	29	Zip	3	Country			8. This corporation has liability for Florida Statutes	intangible s 🔲 No	tax under s	199.032,
	9. Name and Address of Curi		tered Agent	15	7			10. Name and Address of New I		d Agent	
					81	Nanie)				
	BERNARD				62	Street	t Addres	ss (P.O. Box Number is Not Acceptal	ble)		
	NACHE WAY										
BOCA R	ATON FL 33433				63						
					84	City				85 Z	p Code
11. Pursuant t	to the provisions of Sections 607.05	502 and 60	7 1508 Florida Sta	alules t	the above of	anied (consorat	ion submits this statement for the pu	F		rociotored effice
or register familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, So	orida. Such	change was auth	orizea b	by the corn	mention!	s board	of directors. Thereby accept the and	mpose or d miniment :	a langing its as registered	registered office d agent. I am
			0505 Florida Statu	itoe	of the outpo	oration	S DOME	or an ectors. Thoroby decopt the tape	J	Jo Joseph Co	
	Y BERNINIE	Kei	0505, Florida Stati 1444/2	utes.	-) (oration		si di data di Tribi del decopt trib app	v 6/1	196	
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14. Ido 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 on an application of the corporation of the corporati

SIGNATURE:

OFFINED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96 × 368.535