


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90079 038 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000053337					
1. Corporation Name ROCKY ROAD, INC.					
Principal Place of Business 414 NE 4TH ST FT LAUDERDALE FL 33301 US			Mailing Address 414 NE 4TH ST FT. LAUDERDALE FL 33301 US		
2. Principal Place of Business 21 783 S. Deerfield Ave		2a. Mailing Address 26 783 S. Deerfield Ave		3. Date Incorporated or Qualified 07/15/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0511509	
City & State 23 Deerfield Rd., FL		City & State 28 Deerfield Rd., FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33442		Country 25 Broward		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 33442		Zip 30 Broward		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent DALE, CHARLES S JR 412 N.E. 4TH ST. FT. LAUDERDALE FL 33301				10. Name and Address of New Registered Agent 81 Name J/A 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	GRUBER, DANIEL				
STREET ADDRESS	412 NE 4TH ST				
CITY-ST-ZIP	FT LAUDERDALE FL				
TITLE	VPT <input type="checkbox"/> DELETE				
NAME	JONES, OLE				
STREET ADDRESS	412 NE 4TH ST				
CITY-ST-ZIP	FT LAUDERDALE FL				
TITLE	VPS <input type="checkbox"/> DELETE				
NAME	GRUBER, GLENN				
STREET ADDRESS	412 NE 4TH ST				
CITY-ST-ZIP	FT LAUDERDALE FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 954-422-5766
Date Daytime Phone #

0314158

CR2E034 (11/98)