

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90087 025 ***150.00

DOCUMENT # P94000062607

1. Corporation Name

ROK INTERNATIONAL, INC.

Principal Place of Business

600 NW 44TH ST. #2H
FT. LAUDERDALE FL 33309

Mailing Address

600 NW 44TH ST. #2H
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

4. FEI Number

65-0515125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 4100 N Powerline Rd

Suite, Apt. #, etc.

22 Ste F-1

City & State

23 Pompano Beach FL

Zip

24 33073

25 U.S.

Country

2a. Mailing Address

26 4100 N Powerline Rd

Suite, Apt. #, etc.

27 Ste F-1

City & State

28 Pompano Beach FL

Zip

29 33073

30 U.S.

Country

9. Name and Address of Current Registered Agent

SACK LAURENCE
1761 NW 97 AVE
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDST ☒ DELETE

NAME SACK, LAURENCE
STREET ADDRESS 1761 NW 97TH AVE
CITY-ST-ZIP PLANTATION FL 33324

TITLE P ☒ DELETE

NAME SACK, LAWRENCE
STREET ADDRESS 1761 NW 97 AVE
CITY-ST-ZIP PLANTATION 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Sack, Lawrence
1.3 STREET ADDRESS 1761 NW 97TH Ave
1.4 CITY-ST-ZIP Plantation FL 33324

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VDST ☐ Change ☒ Addition

3.2 NAME Simon, Samuel J.
3.3 STREET ADDRESS 17077 NW 16 TH ST
3.4 CITY-ST-ZIP Pembroke Pines, FL 33028

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. LAURENCE SACK 4/29/99

454-977-5428

Daytime Phone #

CR2E034 (1/98)

0142048