

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

CORPORATION  
ANNUAL REPORT  
1995



OFFICE OF REVENUE & FINANCE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

DOCUMENT # **P94000081729 (3)**

50 MAY 23 AM 10:15

**BIRDROCK INVESTMENT GROUP, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Corporation <b>BIRDROCK INVESTMENT GROUP, INC.</b>		2a. Mailing Address <b>195 NW 118TH DR CORAL SPRINGS FL 33071</b>		3a. Date of Last Report <b>11/08/1994</b>	
2. Principal Office Address 21. <b>195 NW 118th Dr.</b> State: <b>FL</b>		2b. Mailing Address 26. <b>10619 W. Atlantic Blvd.</b> State: <b>FL</b>		4. Filing Date <input checked="" type="checkbox"/> Applied Fee <input type="checkbox"/> Full Payment	
22. <b>Coral Springs, FL</b> City & State		27. <b>P.O. Box 233</b> City & State		5. Certificate of Status: Current <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. <b>33071</b> Zip		28. <b>33071</b> Zip		6. Does this corporation have any foreign subsidiaries? <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>JOHNSON, STEPHANIE C 195 NW 118TH DR CORAL SPRINGS FL 33071</b>				10. Name and Address of New Registered Agent	
				B1 Name B2 Street Address (P.O. Box Numbers Not Acceptable) B3 B4 City B5 State <b>FL</b>	
11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation satisfies the conditions for the purpose of changing its registered office or principal office 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 607.01, Florida Statutes.					
SIGNATURE: <i>Stephanie Johnson</i>				DATE: <b>5/18/95</b>	
12. OFFICERS AND DIRECTORS			13. ALL OTHERS OWNED BY OR CONTROLLED BY THE CORPORATION		
NAME: <b>D JOHNSON, STEPHANIE C</b> ADDRESS: <b>195 NW 118TH DR CORAL SPRINGS FL 33071</b>					
NAME: _____ ADDRESS: _____					
NAME: _____ ADDRESS: _____					
NAME: _____ ADDRESS: _____					
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NAME: _____ ADDRESS: _____					
14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 607.01, Florida Statutes. I further certify that the information included on this report is a true and accurate report of the corporation and that my signature shall have the same legal effect as if made under oath. That it is my responsibility to file this report on the behalf of the corporation to comply with the report as required by Chapter 607, Florida Statutes, and that the name appears in Block 1 of the filing stamp is the name attached with this address.					
SIGNATURE: <i>Stephanie Johnson</i>				DATE: <b>5/18/95</b>	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				305-344-6932	