

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500007847

1. Corporation Name

ROC REALTY, INC.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90246 011 ***150.00



) – I Barabar ara kuru baha baha baha baha baha baha baha labah labah baha baha		
Principal Place of Business Mailing Address					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/30/1995 4. FEI Number		
7201 FIRST ST. N.E. 7201 FIRST ST. N.E.							
ST PETERSBURG FL 33702 ST PETERSBURG FL 33702					DO NOT WOLTE IN THIS SPACE		
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0.0	In a Charles of Durain and	2a Mailing Address					
					5. Certificate of Status Desired Fee Required		
City & Stat				• • • • • • • • • • • • • • • • • • • •	6 Flection Comparing Financing \$5.00 Nov. Po		
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			Country	,			
24	<u> </u>		آ آ				
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		Monthing Address Table T					
	(FERRARO		00	Street A	Address (P.O. Box Number is Not Accentable)		
7201	7201 1ST ST. NE		62	Street At	address (P.O. Box number is Not Acceptable)		
ST. I	PETERSBURG FL 33702		83				
	•		<u> </u>				
ļ			84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the abov	e-named co	comporation submits this statement for the purpose of changing its registered		
office or s	egistered agent, or both, in the State	e of Florida. Such change was aut	horized by	the corpor	ration's board of directors. I hereby accept the appointment as registered		
-	m ramiliar with, and accept the oblig	adons of, Section 607.0505, Florid	a Statutes				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered Age	nt signature req	quired when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addi		
NAME	FERRARO, NICHOLAS J		1.2 NAME				
STREET ADORESS	7201 FIRST ST. N.E.		1.3 STREE	ADORESS			
CITY-ST-ZIP	ST PETERSBURG FL 33702		1.4 CITY-5	T-ZIP			
TITLE	<u> </u>	☐ DELETE	_		☐ Change ☐ Addi		
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NAME]	·		
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CITY-ST-ZIP			5.4 CITY- 8	T-ZIP			
TITLE		☐ DELETE			☐ Change ☐ Addi		
NAME		_	6.2 NAME	\ \ \ \ \ \			
STREET ADDRESS			6.3 STREE	T ADDRESS			
1			6.4 CITY-5	l			
CITY-ST-ZIP	1						

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.

namo Pes. SIGNATURE: ME OF SIGNING OFFICER OR DIRECTOR

4/30/99.(727)526-9141

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