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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000042106 (1) DOCUMENT #

TROCK ENTERPRISES, INC.

FILED Mar 09 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address									
3001 N OCEAN DR 3001 N OCEAN DR									
HOLLYWOOD	FL 33019	HOLLYWOOD FL 33019	OLLYWOOD FL 33019			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	E IIV IIIIS	OFACE	····
					į	05/30/1995			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For
21		——————————————————————————————————————	26			65-0526186			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	♦						Additional
22		27				5. Certificate of Status Desired		Fee Re	
City & State	e	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	
Žip	Country	Zip	Count	try		8. This corporation owes or has p			
24	25		30			Personal Property Tax due Jun] No
	9. Name and Address of Curren	Registered Agent		11	Name	10. Name and Address of New R	gistered	Agent	
FILINGS, INC. 3732 NW 16 ST				"	Name				
		8	32	Street Addres	ss (P.O. Box Number is Not Accepte	ble)			
FT LAUDERDALE FL 33311			8	13				· · · · · · · · · · · · · · · · · · ·	
			8	4	City			65 Zip	Code
	· · · · · · · · · · · · · · · · · · ·						FL	.	
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 talk if applicable (NOTE Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name of registered agent and title if applicable (NOTE R 12. OFFICERS AND DIRECTORS				Agont	signature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIDECTOR	25 IN 12
TITLE	DELETE		13.		 1	ADDITIONS/CHANGES TO OFFI	CERS AN	Change	Addition
NAME	TROCK, ARTHUR			1.2 NAME		•		C3 Critarigo	
STREET ADDRESS	3001 N OCEAN DR		1		DUBLES				Ì
CITY-ST-ZIP	HOLLYWOOD FL 33019			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
TITLE	D	DELETE	2 1 TITLE					Change	Addition
NAME	TROCK, STUART		22 NAM	ΙE]				
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CITY-ST-ZIP	HOLLYWOOD FL 33019		2. 4 CITY	/-ST-	ZIP				
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NAME			3.2 NAME		1				ľ
STREET ADDRESS	ESS		3.3 STREET ADDRESS		DDRESS				Į
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TITLE			5.1 TITLE		-			Change	Addition
NAME			5.2 NAM						ĺ
STREET ADDRESS			5.3 STRE		1				
CITY-ST-ZIP		DELETE	5.4 CITY		ZIP			Change	Addition
TITLE		☐ Office	6.1 TITLE					L. Griange	Agginon
NAME			6.2 NAM		202522				
STREET ADDRESS			6.3 STRE						
CITY-ST-ZIP	artify that the information supplied wi	t the files does not a alse for	5.4 CITY			nation 119 07/3Vi) Florida Statuton	further o	adifu that the	information

trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.