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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000087292 (5)**

1. Corporation Name
ROC OF AGES, INC.



Principal Place of Business 3130 CASTLE COVE CT. KISSIMMEE FL 34746	Mailing Address 3130 CASTLE COVE CT. KISSIMMEE FL 34746-3701
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3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Report 07/16/1996
4. FEI Number 59-3372944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. # etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**SPHALER, THERESA
201-A E. RUBY AVENUE
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent
81 Name **John G. Debel**
82 Street Address (P.O. Box Number is Not Acceptable)
1991 BRADY BROOK RD
83
84 City **Titusville** FL 85 Zip Code **32796**

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: **John G. Debel** (Signature of officer or director of corporation) DATE: **1/6/97**
(NOTE: Signature of agent required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	C. P. S. T
NAME	LEE, RICHARD B	1.2 NAME	BAGBY, RUTH O.
STREET ADDRESS	3130 CASTLE COVE CT.	1.3 STREET ADDRESS	3130 CASTLE COVE CT.
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	KISS. FL. 34746
TITLE	VSTD	2.1 TITLE	
NAME	BAGBY-LEE, RUTH O	2.2 NAME	
STREET ADDRESS	3130 CASTLE COVE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Ruth O. Bagby** / 1/6/97 407-944-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)