PROFIT CORPORATION ANNUAL REPORT **1999** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000089441

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90030 015 \*\*\*150.00

1. Corporation										
ROCAWE	EB, INC.									
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Principal Place	e of Business	Mail	ing Address		_		ים זויסט ווווס וטוטו עוז וספוועטו ז	ו ושנשש ווושא וווס	9118 (BIN 918	14 11 11 11 11 11 11 11 11 11 11 11 11 1
1035 RIVERSIDE			RIVERSIDE DR				1			
PALMETTO FL 34221 PALMETTO FL 34221							1			
	•						DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorporated or Qualifed			1
							11/20/1995			
2. Principal Pl	lace of Business	2a. N	Mailing Address				4. FEI Number			pplied For
21		26					65-0619953			lot Applicable
Suite, Apt.	#, etc.	- 5	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			_5Certifcate of Status Desired			Additional
22		27		<del></del>	=		5Cernicate of Status Desired.	<u> </u>	Fec	Required
City & State	e .		City & State				6. Election Campaign Financing	П	\$5.00	May Be
23		28					Trust Fund Contribution	u	Added	to Fees
Zip	Country	Z	Zip	Cou	untry		8. This corporation owes the curr	rent year Inta	ngible	
24	25	29		30			Personal Property Tax.		Yes	□No
1	9. Name and Address of Current		red Agent		Π		10. Name and Address of New	Registered A	\gent	
7			<del>_</del>		81	Name			<u> </u>	
WEB	sster, John R						0.00	-1-1-3		
1035	5 RIVERSIDE DRIVE				82	Street Addres	ss (P.O. Box Number is Not Accept	able)		
PALI	METTO FL 34221				83	<del></del>				
								_		
	·				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 0500								:กลกดเกด เ	
office or r	enistered energy or both in the State of	)2 and 607 of Florida	7.1508, Florida Sta	tutes, the a	bove	e-named corporation	ration submits this statement for the	of the appoin	tment as	egistered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligat	of Florida	<ul> <li>Such change was</li> </ul>	: authorize	n hv '	the comoration	ration submits this statement for the 's board of directors. I hereby acce	pt the appoin	iment as	egistered
office or n agent. I a	enistered enent or both in the State of	of Florida	<ul> <li>Such change was</li> </ul>	: authorize	n hv '	the comoration	ration submits this statement for the n's board of directors. I hereby acce	pi the appoin	tment as	egistered
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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 cohoration 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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 941729.451

Daytime Phone #

2F034 (11/98)