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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

Principal Place of Business

DOCUMENT # P96000048238 (5)

Mailing Address

ROCKET ENTERPRISES OF SARASOTA, INC.

2033 MAIN STREET #406 2033 MAIN STREET #406 SARASOTA FL 34237-8091 SARASOTA FL 34237 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address <u>65-0676</u>688 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DARNELL, ROBERT W 2033 MAIN STREET #406 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 В3 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) 13. Addition DELETE 1.1 TITLE Change TOTLE DARNELL, ROBERT W NAME 1.2 NAME 2033 MAIN STREET #406 STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34237 1.4 CITY-ST-ZIP CITY - ST - ZIP TITLE □ DELETE ☐ Change Addition 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 

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 of truese 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 the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 of 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 of 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 of the receiver of true and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath an accurate and that my signature shall have the same legal effect as if made under oath and accurate and the same legal effect as if made

SIGNATURE:

CITY-ST-7IP

NATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR PRECTOR

1/28/97

(941) 365-4950 Daytime Phone

**FILED** 

Feb 03 1997 8:00am

Secretary of State