## FILE NOW: FILING FEE AFTER MAY 1 IS \$550 DO

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000059727 (3)

ROCLAN INDUSTRIES, INC.

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Principal Place	of Business	Mailing Ad	Mailing Address				
7280 WEST PAU SUITE 304 BOCA RATON F	METTO PARK RD. L 33433	SUITE 304	7280 WEST PALMETTO PARK RD. SUITE 304 BOCA RATON FL 33433-3401				
							3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1996
2. Principal Plac	ce of Business	2a, Mailing	2a. Mailing Address				4. FEI Number Applied For
21		26					65-0708888   Not Applicable
Suite, Apt. #,	etc	27					6. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & 5	State			:	6. Election Campaign Financing Trust Fund Contribution Added to Fees
Ζιρ	Country	Zip		Count	lry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 Name and Address of Co	29		30			Florida Statutes Yes No  10. Name and Address of New Registered Agent
DUL 6	_=:	urrent Registered Ag	egistered Agent			Name	10, Name and Address of New Registered Agent
	in, robert e West plametto park f	ND.		8			ddress (P.O. Box Number is Not Acceptable)
SUITE	304 A RATON FL 33433				3		
) BOC	CHATON FL 33433			8	14	City	85 Zip Code
				-			
SIGNATURE	grature typed or printed harne of register						orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered advised when reinstaling)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			DELETE	1.1 TITLE	E	0	NOEL Grant Change WAddition
NAME				1.2 N.\M	IE	1	·
STREET ADDRESS				1.3 S TRE	ET A	ADDRESS -	1280 west Palmetto Park RD Sufteday
CITY-ST-76				1.4 CTY		- ZIP	Boca Raten Fl 33433
TITLE			☐ DELETE	2.1 T LE	ΕÑ	VP	Change Addition
NAME				2.21 M	E	4	Frances Grant
STREET ADDRESS				2.3 🗱 €	ETA	ADDRESS	iaan west Palmetto Park RO Suite 304
CITY-ST-ZIP			T octors		_	1-21P (	Boca Raton Fl 3363
TOTLE			L_ DELETE	3.11 LE		ł	☐ Change ☐ Addition
NAME				3.2 M			
STREET ADORESS				1		ADDRESS	
CITY-ST-ZIP TITLE	***************************************		DELETE	9.4. TY 4.1 Lf		1 - ZIP	☐ Change ☐ Addition
NAME			_ occer		AE		
STREET ADDRESS						ADDRESS	•
CITY-ST-ZIP				4.4	-st	- 210	
TITLE			☐ DELETE	51			☐ Change ☐ Addition
NAME				5.	ET A	ADORESS	The state of the s
STHEET ADDRESS				5.3		-ZIP	
CITY-ST-ZIP			T priese	5.4 E			
TITLE			DELETE	6	£	1	☐ Change ☐ Addition
NAME				6.2 PE(	ET A	DDRESS	
STREET ADDRESS					· ST-		
CHY-ST-ZIP	contily that the information or	nalied with this filipa	does not quali	fy for the	(91)	nption stat	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the
information I am an offi appears in	indicated on this annual report cer or director of the corporat Block 12 or Block 13 if charge	rt or supplemental and on or the receiver or ad, or on an attachme	nual report is t trustee empow ent with an add	true and xe vered to dress.	Cul	te this rep	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the nat my signature shall have the same legal effect as if made under oath; that port as required by Chapter 607, Florida Statutes; and that my name

GRANT

NOEL