## 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

DOCUMENT # P96000078635 (5)

399 ROCKET CORP.

Apr 21 1998 8:00am Secretary of State

**FILED** 

Principal Place	e of Business	Ma	iling Address			1 100 tib ft, sim 10110 Ottil Aditi Donit Datit 10001 10110 Cital Cital Cital Cital
C/O ROBERT E MANN 6355 LA COSTA DRIVE APT. J		C/O ROBERT E. MANN				
6355 LA COSTA DRIVE APT. J BOCA RATON FL 33433			6355 LA COSTA DRIVE APT. J BOCA RATON FL 33433			DO NOT WRITE IN THIS SPACE
BOOK BATON	FE 30433	D	DOM NATOR FE 33433			3. Date incorporated or Qualified
						09/23/1996
2. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number Applied For
21		26				65-0700682 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22			27			Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
Zip Country		Zip Country			Trust Fund Contribution L. Added to Fees	
Zip	— ·	<u></u>	Zip	<del></del>	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	9. Name and Address of Curren	29    Regist	tered Agent	30		10. Name and Address of New Registered Agent
MA				81	Name	the state of the s
	nn, robert e Dirobert e. Mann			-		
	55 LA COSTA DRIVE APT. J			82	Street	et Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33433				83	†	
50	OA 1141 OR 1 E 00100			_	100	
				84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	la. Such change was	authorized b	v the cor	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
=	m amiliai with, and accept the obliga	ilioris or,	, 3601001 807.0300, 1	iorida Statute	· 5.	
SIGNATURE	Signature, typed or printed name of registered ages	it and litte	if applicable (NO	TE. Registered Ac	ent signature	ure required when reinstating) DATE
12.	OFFICERS AND	DIREC	TORS	13.	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE		P/S/T/D Addition
NAME	MANN, ROBERT E			1.2 NAME		
STREET ADDRESS	6355 LA COSTA DRIVE APT	J		1.3 STREE	T ADDRESS	s [
CITY-ST-ZIP	BOCA RATON FL 33433	<b></b>		1.4 CITY-	ST-ZIP	
THILE	<b>&amp;</b>		☐ DELETE	2.1 TITLE		Change Addition
NAME	<b>Pith</b>			2.2 NAME		HAROLD WEIGHT MAINE
STREET ADDRESS	• • •				T ADDRESS	FT HUAFPANE, FL 33316
CITY-ST-ZIP			T priese	2. 4 CITY	ST-ZIP	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		JOHN BAKER 1325 EAST WHE DRIVE FT WILDERSAME, FL 33316
STREET ADDRESS					T ADDRESS	SUST THE PARTY OF STATE
CITY-ST-ZIP TITLE		·····	☐ DELETE	3.4. CITY -	ST-ZIP	Change Addition
				4.2 NAME		C change C Number
NAME CENTER ADDRESS						
STREET ADORESS				4.3 STREE	T ADDRESS	,
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE	31 - ZIP	Change Addition
NAME			La Decere	5.1 MLE 5.2 NAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP				5.4 CITY		<b>^</b>
TITLE		·····	DELETE	6.1 TITLE	UI-ZH	Change Addition
NAME			<del></del>	6.2 NAME		
STREET ADDRESS					T ADDRESS	
City-St-ZiP	_			64 CITY-		

14. I hereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if chapters. pored with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plephental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in