

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099637 (6)

1. Corporation Name
ROCKETMAN, INC.

Principal Place of Business
144 AVENIA MESSINA
SIESTA KEY SARASOTA FL 34242

Mailing Address
144 AVENIA MESSINA
SIESTA KEY SARASOTA FL 34242

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. 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, to 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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE
OFFICERS AND DIRECTORS

(If the Registered Agent signature is required when submitting)

DATE

12. OFFICERS AND DIRECTORS
1. TITLE PSTD
2. NAME FEINS, ALAN
3. STREET ADDRESS 144 AVENIA MESSINA
4. CITY/STATE/ZIP SIESTA KEY SARASOTA FL 34242
5. TITLE D
6. NAME FEINS, SHARON
7. STREET ADDRESS 144 AVENIA MESSINA
8. CITY/STATE/ZIP SIESTA KEY SARASOTA FL 34242
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY/STATE/ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY/STATE/ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY/STATE/ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY/STATE/ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY/STATE/ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY/STATE/ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY/STATE/ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY/STATE/ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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: Alan Feins Alan Feins Sept. 29, 1998 (94) 346-8806

FILED
Oct 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FET Number

65-0711564

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

CR200245396