

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State
07-13-1999 90009 026 ***550.00

DOCUMENT # P97000021347
1. Corporation Name
ROCKET SCIENTISTS, INC.



Principal Place of Business
6246 LESLIE STREET
PALM BEACH GARDENS FL 33418

Mailing Address
6246 LESLIE STREET
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7289 Garden Rd. Suite, Apt. #, etc. Suite 106 City & State West Palm Beach FL Zip 33404		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country USA		3. Date Incorporated or Qualified 03/03/1997		4. FEI Number 65-0737122		Applied For Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. This corporation owes the current year Intangible Personal Property.		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	
10. Yes		11. No		12. Yes		13. No		14. Yes	

9. Name and Address of Current Registered Agent
WILLIAMS, ALBERT C
6246 LESLIE STREET
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent
81 Name Albert C. Williams
82 Street Address (P.O. Box Number is Not Acceptable)
6246 Leslie St.
83
84 City Jupiter FL 85 Zip Code 33458

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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change
NAME	WILLIAMS, ALBERT C	1.2 NAME	Addition
STREET ADDRESS	6246 LESLIE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	6246 Leslie St. Jupiter, FL 33458
TITLE	D	2.1 TITLE	Change
NAME	CALLOWAY, GARY M	2.2 NAME	Addition
STREET ADDRESS	2240A WHITE PINE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Change
NAME	WILLIAMS, RICHARD T	3.2 NAME	Addition
STREET ADDRESS	6246 LESLIE STREET	3.3 STREET ADDRESS	6246 Leslie St. Jupiter, FL 33458
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change
NAME		4.2 NAME	Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change
NAME		5.2 NAME	Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change
NAME		6.2 NAME	Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: _____ Date: July 8, 1999 Daytime Phone #: 561-863-6620

CR2E034 (5/99)