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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075421 (2)

1. Corporation Name
THUNDERROCK HOLDINGS, INC.

Principal Place of Business
650 SW 16TH TERR
POMPANO BEACH FL 33069

Mailing Address
650 SW 16TH TERR
POMPANO BEACH FL 33069

2. Principal Place of Business

21 11725 NW 5th St

Suite, Apt #, etc

22 City & State
Plantation, Fl.

23 Zip Country
33325 USA

2a. Mailing Address

26 11725 NW 5th St

Suite, Apt #, etc

27 City & State
Plantation, Fl.

28 Zip Country
33325 USA

9. Name and Address of Current Registered Agent

BEILLY, ROXANNE
200 E LAS OLAS BLVD
SUITE 1900
FT LAUDERDALE FL 33301

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 with power of attorney. If necessary, the approval of registered agent, I am familiar with, and I accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of signing officer or director

John F. Latorre

Date of signature

3/23/99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MONTELLONE, VINCENT
650 SW 16TH TERR
POMPANO BEACH FL 33069

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GALLAGHER, ROBERT
650 SW 16TH TERR
POMPANO BEACH FL 33069

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Add

11725 NW 5th St.
Plantation, Fl. 33325

11725 N.W. 5th St.
Plantation, Fl. 33325

9000002832139-7

04/07/99-01071-003

****900.00 ****900.00

REINSTATEMENT

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.01 of the 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 amendment when addressed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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98/424-3330
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