**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90025 032 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700086115

1. Corporation Name

ROCKING WATERFALLS, INC.				1 (#21/#21/10 10 10 11 10 10 10 10 10 10 10 10 10 1	
Principal Plac	ce of Business	Mailing Address	•	- I SDOLEDDE FIN INDEF INNET ENTE BRITE SPÉR AND	AN KARING DARGO ARBADA INDOLOTIA REGUL
6221 PEMBRO	KE ROAD	6221 PEMBROKE ROAD			
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023					
				DO NOT WRITE IN THE	IS SPACE
				3. Date Incorporated or Qualified 10/03/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0786994	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zip 30	Country	This corporation owes the current year li Personal Property Tax.	ntangible ☐ Yes ☐ No
	9. Name and Address of Current			10. Name and Address of New Registered	
			81 Name		
	LET, CAROL		00 0:	(0.0.0.1)	· .
6221 PEMBROKE ROAD			82 Street Adda	ress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33023			83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above-named corp	poration submits this statement for the nurnose of	of changing its registered
office or i	registered agent, or both, in the State o am familiar with, and accept the obligati	r Florida. Such change was auth	orized by the corporation	on's board of directors. I hereby accept the appoint	ointment as registered
	am lamınar witis, ario accept the congain	ONS 01, Section 607.0505, France	a Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature require	d when reinstating) DATE	<del></del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	•	Change Addition
NAME	BELLET, DANIEL		1.2 NAME		_
STREET ADDRESS	6221 PEMBROKE ROAD		1.3 STREET ADDRESS		,
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY-ST-ZIP		4
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELLET, CAROL		2.2 NAME		<u> </u>
STREET ADDRESS	6221 PEMBROKE ROAD		2.3 STREET ADDRESS		•
CITY-ST-ZIP	HOLLYWOOD FL 33023		2.4 CITY-ST-ZIP	and the second second	÷
TITLE	11022111000 1 2 00020	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		<u>-</u> -	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		•
CITY-ST-ZIP					
TITLE		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME :		L	4. 2 NAME		
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		□ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME		_ OCCETE	5.2 NAME		☐ Change ☐ Addition
			5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			0.0 CTIVEET ADDIVESO		
			S A CITY OT 710		
TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

