


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90022 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000049095			
1. Corporation Name BPH ROCK COMPANY, INC.			
Principal Place of Business 6191 ORANGE DRIVE SUITE 6159-E DAVIE FL 33314		Mailing Address 6191 ORANGE DRIVE SUITE 6159-E DAVIE FL 33314	
2. Principal Place of Business 21 261 E. PROSPECT RD. Suite, Apt. #, etc.		2a. Mailing Address 25 261 E. PROSPECT RD. Suite, Apt. #, etc.	
22 City & State 23 OAKLAND PARK, FL. Zip Country 24 33334 25 BROWARD		27 City & State 28 OAKLAND PARK, FL. Zip Country 29 33334 30 BROWARD	
9. Name and Address of Current Registered Agent BRODER, ARTHUR K 6191 ORANGE DRIVE SUITE 6159-E DAVIE FL 33314		10. Name and Address of New Registered Agent 81 Name PERINI, VINCENT J. 82 Street Address (P.O. Box Number is Not Acceptable) 261 E PROSPECT RD 83 84 City OAKLAND PARK FL 85 Zip Code 33334	
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 Vincent J. Perini DATE 5-21-99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BRODER, ARTHUR K	1.2 NAME	
STREET ADDRESS	6191 ORANGE DRIVE STE 6159-E	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PERINI, VINCENT J	2.2 NAME	
STREET ADDRESS	261 E PROSPECT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HALL, JOSEPH B	3.2 NAME	
STREET ADDRESS	5663 MIDNIGHT PASS RD STE 407	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)