

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 05 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S63469 (8)

1. Corporation Name
ROCKET MARINE, INC.



Principal Place of Business 5368 WHISPERING PINE CIRCLE ST CLOUD FL 34771 US	Mailing Address 5368 WHISPERING PINE CIRCLE ST CLOUD FL 34771 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1630 Grandview Blvd	2a. Mailing Address 25 1630 Grandview Blvd	3. Date Incorporated or Qualified 07/01/1991	3a. Date of Last Report 06/18/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3072158	Applied For Not Applicable
City & State 23 Kissimmee, FL	City & State 28 Kissimmee, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 34744	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CARROL, TERRI 5368 WHISPERING PINE CIRCLE ST CLOUD FL 34771		10. Name and Address of New Registered Agent	
81 Name Terri D. Carroll	82 Street Address (P.O. Box Number is Not Acceptable) 1630 Grandview Blvd	83	84 City Kissimmee FL
			85 Zip Code 34744

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: Terri D. Carroll DATE: 7/31/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARROL, TERRI		1.2 NAME Terri D. Carroll	
STREET ADDRESS 5368 WHISPERING PINE CIRCLE		1.3 STREET ADDRESS 1630 Grandview Blvd	
CITY-ST-ZIP ST CLOUD FL		1.4 CITY-ST-ZIP Kissimmee, FL 34744	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARROLL, TERRI D		2.2 NAME Terri D. Carroll	
STREET ADDRESS 5368 WHISPERING PINE CIRCLE		2.3 STREET ADDRESS 1630 Grandview Blvd	
CITY-ST-ZIP ST CLOUD FL		2.4 CITY-ST-ZIP Kissimmee, FL 34744	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: Terri D. Carroll DATE: 7/31/97

CR2E034 (4/97)