

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

APPROVED  
AND  
FILED

97 APR 29 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P94000077788 (5)**  
1. Corporation Name  
**INROCK CORPORATE, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>1733 W FLETCHER AVE<br/>TAMPA FL 33612<br/>US</b> | Mailing Address<br><b>1733 W FLETCHER AVE<br/>TAMPA FL 33612-1820<br/>US</b> |
|---|--|

|                                      |                               |
|--------------------------------------|-------------------------------|
| <b>2</b> Principal Place of Business | <b>2a</b> Mailing Address     |
| <b>21</b> Suite, Apt. #, etc.        | <b>26</b> Suite, Apt. #, etc. |
| <b>22</b> City & State               | <b>27</b> City & State        |
| <b>23</b> Zip                        | <b>28</b> Zip                 |
| <b>24</b> Country                    | <b>29</b> Country             |
| <b>25</b>                            | <b>30</b>                     |

|  |  |
|--|--|
| <b>3</b> Date Incorporated or Qualified<br><b>10/24/1994</b>   | <b>3a</b> Date of Last Report<br><b>05/01/1996</b> |
| <b>4</b> FEI Number<br><b>59-3275130</b>   | Applied For<br>Not Applicable                      |
| <b>5</b> Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required              |
| <b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                 |
| <b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**

**WALTERS, CLIFFORD L  
802 11TH ST. WEST  
BRADENTON FL 34205**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

**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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE - Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |
|----------------------------|-----------------------------|---|----------------------------|
| TITLE                      | PD                          | 1.1 TITLE   | P                          |
| NAME                       | LEVIN, RICHARD              | 1.2 NAME  | Levin, Richard             |
| STREET ADDRESS             | 7646 N. LOCKWOOD RIDGE ROAD | 1.3 STREET ADDRESS                                    | 7646 N. Lockwood Ridge Rd. |
| CITY-ST-ZIP                | SARASOTA FL 34243           | 1.4 CITY-ST-ZIP                                       | Sarasota, FL 34243         |
| TITLE                      | V                           | 2.1 TITLE   | VDS                        |
| NAME                       | STEVEN LEVIN                | 2.2 NAME  | Steven Levin               |
| STREET ADDRESS             | 1379 LYONS RD               | 2.3 STREET ADDRESS                                    | 1379 Lyons Road            |
| CITY-ST-ZIP                | COCONUT CREEK FL            | 2.4 CITY-ST-ZIP                                       | Coconut Creek, FL 33063    |
| TITLE                      | VSD                         | 3.1 TITLE   |                            |
| NAME                       | SUZANNE L RICE              | 3.2 NAME  |                            |
| STREET ADDRESS             | 1733 W FLETCHER AVE         | 3.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                | TAMPA FL 33612              | 3.4 CITY-ST-ZIP                                       |                            |
| TITLE                      | VD                          | 4.1 TITLE   |                            |
| NAME                       | RICHARD LEVIN               | 4.2 NAME  |                            |
| STREET ADDRESS             | 7676 LOCKWOOD RIDGE RD      | 4.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                | SARASOTA FL                 | 4.4 CITY-ST-ZIP                                       |                            |
| TITLE                      | T                           | 5.1 TITLE   |                            |
| NAME                       | LEVIN, JILL                 | 5.2 NAME  |                            |
| STREET ADDRESS             | P.O. BOX 11229 N/A          | 5.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                | KNOXVILLE TN 37939          | 5.4 CITY-ST-ZIP                                       |                            |
| TITLE                      | VSD                         | 6.1 TITLE   |                            |
| NAME                       | RICE, STEVEN                | 6.2 NAME  |                            |
| STREET ADDRESS             | P.O. BOX 93-6260 N/A        | 6.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                | MARGATE FL 33093-6260       | 6.4 CITY-ST-ZIP                                       |                            |

**400002164364--4**  
**-05/02/97--01133--001**  
**\*\*\*3135.00**

*APR 29*

**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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)