

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 18 PM 12:53



1. Name of Limited Partnership	1a. DOCUMENT # A22562
INROCK SC COMPANY LTD.	

Mailing Address 7646 N. LOCKWOOD RIDGE ROAD SARASOTA FL 34243	Principal Office Address 7646 N. LOCKWOOD RIDGE RD. SARASOTA FL 34243	3. Date Formed or Registered 05/16/1986	5a. Capital Contributions as Shown on record \$436,500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/26/1996	5b. Amount of Capital Contributions in FL ORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2682585	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent LEVIN, RICHARD M. 7646 N. LOCKWOOD RIDGE RD. SARASOTA FL 34243	10. If changed, new Registered Agent/Office Name: 200002381842-8 Street Address (P.O. Box Number Is Not Acceptable): 12/24/97-01045-001 Suite, Apt. #, etc.: ****541.25 ****541.25 City: FL Zip Code:
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10a. Pursuant to the provisions of sections 620.105(1) and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) INROCK CORPORATE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1733 W. FLETCHER AVE.	11b. City, State & Zip Code TAMPA FL 33612	11c. Registration/Document Number P94000077788
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Suzanne L Rice
Suzanne L Rice

DATE

12/6/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

813-960-8154

CR2E003 (6/97)