

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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95 APR 26 AM 7:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

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

Principal Place of Business      Mailing Address  
**8931 N. FLORIDA AVE.  
TAMPA FL 33604**      **8931 N. FLORIDA AVE.  
TAMPA FL 33604**

2. Principal Place of Business      26. Mailing Address  
21 **1733 W. Fletcher Ave.**      26 **1733 W. Fletcher Ave.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22 **Tampa, Fl.**      27 **Tampa, Fl.**  
City & State      City & State  
23 **33612**      28 **33612**  
Zip      Zip

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/24/1994**

4. FEI Number      Applied For  
**59-3275130**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 193.001, Florida Statutes       Yes       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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE		1.1 TITLE	<b>P/S/T/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		1.2 NAME	<b>Leonard G. Levin</b>
3. STREET ADDRESS		1.3 STREET ADDRESS	<b>1733 W. Fletcher Ave.</b>
4. CITY & ZIP		1.4 CITY & ZIP	<b>Tampa, Fl. 33612</b>
5. TITLE		2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	<b>Steve Levin</b>
7. STREET ADDRESS		2.3 STREET ADDRESS	<b>1379 Lyon's Rd.</b>
8. CITY & ZIP		2.4 CITY & ZIP	<b>Cocoanut Creek, Fl. 33063</b>
9. TITLE		3.1 TITLE	<b>V/AS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	<b>Suzanne L. Rice</b>
11. STREET ADDRESS		3.3 STREET ADDRESS	<b>1733 W. Fletcher Ave.</b>
12. CITY & ZIP		3.4 CITY & ZIP	<b>Tampa, Fl. 33612</b>
13. TITLE		4.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	<b>Richard Levin</b>
15. STREET ADDRESS		4.3 STREET ADDRESS	<b>7676 Lockwood Ridge Rd.</b>
16. CITY & ZIP		4.4 CITY & ZIP	<b>Sarasota, Fl. 34243</b>
17. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY & ZIP		5.4 CITY & ZIP	
21. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY & ZIP		6.4 CITY & ZIP	

14. I do hereby certify that the information supplied with this filing is, when taken together with the information stated in Section 119.07(2)(b), Florida Statutes, and the reports and supplemental reports 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:** \_\_\_\_\_      **Leonard Levin**      **4/13/95**      **813 935-8154**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Might Be Used)