

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000077788 (5)**

1. Corporation Name

INROCK CORPORATE, INC.



Principal Place of Business

Mailing Address

1733 W FLETCHER AVE
TAMPA FL 33612
US

1733 W FLETCHER AVE
TAMPA FL 33612
US

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3275130

Applied For

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 s 199.032, 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

Signature (typed or printed name of registered agent and date of signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME LEONARD G LEVIN DELETE
STREET ADDRESS 1733 W FLETCHER AVE
CITY-ST-ZIP TAMPA FL

11 TITLE P/D Change Addition
12 NAME RICHARD LEVIN
13 STREET ADDRESS 7646 N. LOCKWOOD RIDGE ROAD
14 CITY-ST-ZIP SARASOTA, FL 34243

TITLE V DELETE
NAME STEVEN LEVIN
STREET ADDRESS 1379 LYONS RD
CITY-ST-ZIP COCONUT CREEK FL

21 TITLE V/S/D Change Addition
22 NAME SUZANNE LEVIN RICE
23 STREET ADDRESS 1733 FLETCHER AVENUE
24 CITY-ST-ZIP TAMPA, FL 33612

TITLE VAS DELETE
NAME SUZANNE L RICE
STREET ADDRESS 1733 W FLETCHER AVE
CITY-ST-ZIP TAMPA FL

31 TITLE V/S/D Change Addition
32 NAME STEVEN RICE
33 STREET ADDRESS P.O. BOX 93-6260 (N/A)
34 CITY-ST-ZIP MARGATE, FL 33093-6260

TITLE VD DELETE
NAME RICHARD LEVIN
STREET ADDRESS 7676 LOCKWOOD RIDGE RD
CITY-ST-ZIP SARASOTA FL

41 TITLE T Change Addition
42 NAME JILL LEVIN
43 STREET ADDRESS P.O. BOX 11229 (N/A)
44 CITY-ST-ZIP KNOXVILLE, TN 37939

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME 500001841785
63 STREET ADDRESS -05/28/96--01068--028
64 CITY-ST-ZIP ***3200.00

14. 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 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, as applicable, or in an attachment with an address.

SIGNATURE: *[Signature]* Treasurer Jill Levin 4/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)