

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000077788 (5)**  
 1. Corporation Name  
**INROCK CORPORATE, INC.**



Principal Place of Business <b>1733 W FLETCHER AVE TAMPA FL 33612 US</b>	Mailing Address <b>1733 W FLETCHER AVE TAMPA FL 33612 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 10/24/1994	
<b>21</b> Suite, Apt. #, etc.	<b>22</b> City & State	<b>23</b> Zip	<b>24</b> Country	<b>25</b> Suite, Apt. #, etc.	<b>26</b> City & State
<b>27</b> Zip	<b>28</b> Country	<b>29</b> Zip	<b>30</b> Country	<b>4. FEI Number</b> 59-3275130	Applied For <input type="checkbox"/> Not Applicable
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>WALTERS, CLIFFORD L</b> <b>802 11TH ST. WEST</b> <b>BRADENTON FL 34205</b>				<b>81</b> Name			
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
				<b>83</b>			
				<b>84</b> City	<b>FL</b>	<b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> DELETE		<b>1.1 TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>LEVIN, RICHARD</b>			<b>1.2 NAME</b>	<b>Levin, Richard</b>		
<b>STREET ADDRESS</b>	<b>7646 N. LOCKWOOD RIDGE ROAD</b>			<b>1.3 STREET ADDRESS</b>	<b>1733 West Fletcher Ave.</b>		
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL 34243</b>			<b>1.4 CITY-ST-ZIP</b>	<b>Tampa, FL 33612</b>		
<b>TITLE</b>	<b>VDS</b>	<input type="checkbox"/> DELETE		<b>2.1 TITLE</b>	<b>VDS</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>LEVIN, STEVEN</b>			<b>2.2 NAME</b>	<b>Levin, Steven</b>		
<b>STREET ADDRESS</b>	<b>1379 LYONS RD</b>			<b>2.3 STREET ADDRESS</b>	<b>21301 Powerline Road, Ste 312</b>		
<b>CITY-ST-ZIP</b>	<b>COCONUT CREEK FL 33063</b>			<b>2.4 CITY-ST-ZIP</b>	<b>Boca Raton, FL 33433</b>		
<b>TITLE</b>	<b>VSD</b>	<input type="checkbox"/> DELETE		<b>3.1 TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>RICE, SUZANNE L</b>			<b>3.2 NAME</b>			
<b>STREET ADDRESS</b>	<b>1733 W FLETCHER AVE</b>			<b>3.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33612</b>			<b>3.4 CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> DELETE		<b>4.1 TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>LEVIN, RICHARD</b>			<b>4.2 NAME</b>			
<b>STREET ADDRESS</b>	<b>7676 LOCKWOOD RIDGE RD</b>			<b>4.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL</b>			<b>4.4 CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> DELETE		<b>5.1 TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>LEVIN, JILL</b>			<b>5.2 NAME</b>			
<b>STREET ADDRESS</b>	<b>P.O. BOX 11229 N/A</b>			<b>5.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>KNOXVILLE TN 37939</b>			<b>5.4 CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE		<b>6.1 TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>RICE, STEVEN</b>			<b>6.2 NAME</b>			
<b>STREET ADDRESS</b>	<b>P.O. BOX 93-6260 N/A</b>			<b>6.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>MARGATE FL 33093-6260</b>			<b>6.4 CITY-ST-ZIP</b>			

**14. I 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.**

CR2E034 (10/97)

*Signature*

3 11 98 812 912-8154