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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 169028 (8)
1. Corporation Name
INDIANTOWN COMPANY, INC.



Principal Place of Business: WEST FARMS ROAD, P.O. BOX 397, INDIANTOWN FL 34956-0397
Mailing Address: WEST FARMS ROAD, P.O. BOX 397, INDIANTOWN FL 34956-0397

3. Date Incorporated or Qualified: 05/14/1952
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-0791291
6. 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
POST, ROBERT M, JR
16001 SW MARKET ST
INDIANTOWN FL 34956

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME PD POST, ROBERT M. J
STREET ADDRESS 16001 SW MARKET ST
CITY-ST-ZIP INDIANTOWN FL
TITLE [] DELETE
NAME D REY-MILLET, YVES JACQUES
STREET ADDRESS 23 W. JOHN STREET
CITY-ST-ZIP HICKSVILLE, NY 00000
TITLE [] DELETE
NAME S GENTRY, ELIZABETH A.
STREET ADDRESS 15851 S.W. FARMS RD.
CITY-ST-ZIP INDIANTOWN FL
TITLE [X] DELETE
NAME VTD ABUHOFF, FLEUR
STREET ADDRESS 15925 S.W. WARFIELD BLVD
CITY-ST-ZIP INDIANTOWN FL
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [] Change [X] Addition
42 NAME VD FOWLER, WILLIAM C.
43 STREET ADDRESS 15925 S.W. WARFIELD BLVD.
44 CITY-ST-ZIP INDIANTOWN FL
51 TITLE [] Change [X] Addition
52 NAME D THOMAS M. BEARD
53 STREET ADDRESS 5220 GREYSTOKE LANE
54 CITY-ST-ZIP TALLAHASSEE, FL 32308-6818
61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: *William C. Fowler* 2/7/97 (561) 597-2104
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)