

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **623012** (2)

1. Corporation Name
INDECO, INC.



Principal Place of Business: **3727 S.E. OCEAN BLVD. SUITE 100 STUART FL 34996**
Mailing Address: **3727 S.E. OCEAN BLVD. SUITE 100 STUART FL 34996**

2. Principal Place of Business	2a. Mailing Address
21 12800 U.S.Highway One	26 12800 U.S.Highway One
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 200	27 Suite 200
City & State	City & State
23 Juno Beach, Florida	28 Juno Beach, Florida
Zip	Zip
Country	Country
24 33408	29 33408
25 Palm Beach	30 Palm Beach

3. Date Incorporated or Qualified 05/24/1979	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1967599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOURASSA, JOHN H.
285 S BEACH RD.
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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, by self or print if name of registered agent and title in Block 4

(NOTE: Registered Agent's Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURASSA, JOHN H	1.2 NAME	
STREET ADDRESS	3727 S.E. OCEAN BLVD. SUITE 100	1.3 STREET ADDRESS	285 South Beach Road
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES P.	2.2 NAME	
STREET ADDRESS	146 COMMODORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Sr. Vice President
STREET ADDRESS		3.3 STREET ADDRESS	Richard P. Meyers
CITY-ST-ZIP		3.4 CITY-ST-ZIP	597 Kriss Lane
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	Jupiter, FL 33458
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, with an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Bourassa John H. Bourassa

4/30/96

Date

407-283-5686

Daytime Phone #

CR2E034 (12/95)