

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **642520** (1)

1. Corporation Name  
**INDAG MANAGEMENT, INC.**



Principal Place of Business: **4100 GLADES CUT OFF RD. FT. PIERCE FL 34981-4711**  
 Mailing Address: **4100 GLADES CUT OFF RD. FT. PIERCE FL 34981-4711**

3. Date Incorporated or Qualified: **10/22/1979**  
 3a. Date of Last Report: **06/16/1995**  
 4. FEI Number: **59-2060109**  
 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

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

**9. Name and Address of Current Registered Agent**      **10. Name and Address of New Registered Agent**

**SULLIVAN, E.H.**  
**4100 GLADES CUT OFF RD.**  
**FT. PIERCE FL 33450**

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)      \_\_\_\_\_ (Registered Agent Signature)      \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SULLIVAN, E.H.	1.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 3475 GORDY RD.	CITY-STATE-ZIP: FT. PIERCE FL	1.2 NAME:	
2.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	2.2 NAME:	
TITLE: STD	NAME: SULLIVAN, JOANN	2.3 STREET ADDRESS:	
STREET ADDRESS: 3475 GORDY RD.	CITY-STATE-ZIP: FT. PIERCE FL	2.4 CITY-STATE-ZIP:	
3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	3.2 NAME:	
TITLE: VP	NAME: WILLIS, MARY J	3.3 STREET ADDRESS:	
STREET ADDRESS: 3315 WANDA AVE	CITY-STATE-ZIP: FT. PIERCE FL	3.4 CITY-STATE-ZIP:	
4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	4.2 NAME:	
TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	4.3 STREET ADDRESS:	
NAME:		4.4 CITY-STATE-ZIP:	
STREET ADDRESS:		5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
CITY-STATE-ZIP:		5.2 NAME:	
6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	5.3 STREET ADDRESS:	
TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	5.4 CITY-STATE-ZIP:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-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, or on an attachment with an address.

SIGNATURE: *S. Sullivan* Edward H. Sullivan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 407-464-9300  
 Date Date Printed

CR2E034 (12/95)