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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 746288 (0)

1. Corporation Name

COMPLEX ONE OF INDIAN HARBOUR BEACH INDUSTRIAL PARK, INC.



Principal Place of Business

Mailing Address

C/O LITTLEFIELD AND WHITWORTH  
2800 AURORA RD., STE. C  
MELBOURNE FL 32935-2096  
US

% LITTLEFIELD & WHITWORTH  
2800 AURORA RD., STE. C  
MELBOURNE FL 32935-2015  
US

3. Date Incorporated or Qualified  
03/16/1979

3a. Date of Last Report  
04/03/1996

2. Principal Place of Business

2a. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-1932186

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

10. Name and Address of New Registered Agent

BIEST, SPENCER  
201 MAPLE DR.  
115 TWIN RIVERS DR  
MERRITT ISLAND FL 32952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

115 TWIN RIVERS DR.

83

84 City  
MERRITT ISLAND

FL

85 Zip Code  
32952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LARKIN, STEVE  
STREET ADDRESS 131 TOMOHAWK DR 7  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME BIEST, SPENCER R  
STREET ADDRESS 115 TWIN RIVERS DR  
CITY-ST-ZIP MERRITT ISLAND FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  
NAME HARDING, DIANNA  
STREET ADDRESS 131 TOMAHAWK DRIVE #24  
CITY-ST-ZIP MELBOURNE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ~~STD~~  
NAME ~~JEWEL DOUG~~  
STREET ADDRESS ~~131 TOMAHAWK DR~~  
CITY-ST-ZIP ~~INDIAN HARBOUR BEACH FL~~

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SPENCER BIEST TREASURER

4-22-97

407-453-4445

CR2E037 (9/96)