

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 C/O LITTLEFIELD AND WHITWORTH 2800 AURORA RD., STE. C MELBOURNE FL 32935-2096 US	Mailing Address % LITTLEFIELD & WHITWORTH 2800 AURORA RD., STE. C MELBOURNE FL 32935-2096 US
------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified
03/16/1979

4. FEI Number 59-1932186	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BIEST, SPENCER
115 TWIN RIVER DR.
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name William R. Northcutt, Attorney	85 Zip Code 32937
82 Street Address (P.O. Box Number is Not Acceptable) 2194 Hwy A-1-A, Suite 306	
84 City Indian Harbour Beach FL	

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 *William R. Northcutt* **William R. Northcutt** DATE **4/1/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARKIN, STEVE 131 TOMOHAWK DR 7 INDIAN HARBOUR BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIEST, SPENCER R 115 TWIN RIVERS DR MERRITT ISLAND FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JEWEL, DOUG 131 TOMAHAWK DR INDIAN HARBOUR BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Biest, Spencer R. 115 Twin Rivers Dr. Merritt Island, Fl. 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Larkin, Steve 131 Tomahawk Dr., #7 Indian Harbour Beach, Fl. 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	STD Kill, Fred J. 524 Majorca Ct. Satellite Beach, Fl. 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 R. Biest* **Spencer R. Biest** 4/1/98 (407) 452-2263

CR2E037 (10/97)