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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746288

1. Corporation Name
COMPLEX ONE OF INDIAN HARBOUR BEACH INDUSTRIAL P ARK, 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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/16/1979
23 City & State	27 City & State	4. FEI Number
24 Zip	28 Zip	59-1932186
25 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORTHCUTT, WILLIAM R 2194 HWY A1A SUITE 306 INDIAN HARBOR BEACH FL 32937				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BIEST, SPENCER R		1.2 NAME	Steve Larkin			
STREET ADDRESS	115 TWIN RIVERS DR		1.3 STREET ADDRESS	625 Redwood Court			
CITY-ST-ZIP	MERRITT ISLAND FL 32952		1.4 CITY-ST-ZIP	Satellite Beach, Fl. 32937			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LARKIN, STEVE		2.2 NAME	Spencer Biest			
STREET ADDRESS	131 TOMAHAWK DR, #7		2.3 STREET ADDRESS	115 Twin Rivers Dr.			
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937		2.4 CITY-ST-ZIP	Merritt Island, Fl. 32952			
TITLE	STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KILL, FRED J		3.2 NAME	Patricia J. Anderson			
STREET ADDRESS	524 MAJORCA CT		3.3 STREET ADDRESS	445 Eagle Drive			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		3.4 CITY-ST-ZIP	Satellite Beach, Fl. 32937			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: SIGNATURE EXPIRES P.A. 3/25/99 407-453-4445
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)