


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90079 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L92555 1. Corporation Name FLORIDA INDIAN RIVER GROVES, INC.		



Principal Place of Business		Mailing Address	
2166 N. U.S. 1 P. O. BOX 698 FT. PIERCE FL 34954 US		2166 N. US 1 P. O. BOX 698 FT. PIERCE FL 34954 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	28	07/13/1990	65-0212745
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
22	27	<input type="checkbox"/>	Not Applicable
City & State	City & State	8. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. This corporation owes the current year intangible Personal Property Tax.	
24	25	29	30
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KNOWLES, THOMAS R. 5005 INDIAN BEND LANE FT. PIERCE FL 34951		81 Name Mark Piccarelli	
		82 Street Address (P.O. Box Number is Not Acceptable) 2166 N. US #1	
		83 Fort Pierce, Fla. 34954	
		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 607.0905, Florida Statutes.

SIGNATURE: *[Signature]* P.O. Box 698 Ft. Pierce FL 34954 DATE: 3/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, THOMAS R	1.2 NAME	
STREET ADDRESS	5005 INDIAN BEND LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICcarelli, MARK	2.2 NAME	
STREET ADDRESS	PO BOX 698	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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 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 of the same and am duly 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 to this address, with all other like empowered.

SIGNATURE: *[Signature]* 3/1/99 1-561-465-544

CR2E034 (11/98)