

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22691 (2)**  
 1. Corporation Name  
**INDIOS, INC.**



Principal Place of Business <b>16630 S.W. WARFIELD P.O. BOX 901 INDIANTOWN FL 34956</b>	Mailing Address <b>16630 S.W. WARFIELD P.O. BOX 901 INDIANTOWN FL 34956</b>
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3. Date Incorporated or Qualified <b>09/28/1987</b>	3a. Date of Last Report <b>03/02/1995</b>
4. FEI Number <del>59-2507201</del> <b>59-2832745</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	25
29	30

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

**POWERS, COLLETTE  
MYRTLE DRIVE, P.O. BOX 8  
INDIANTOWN FL 33456**

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, COLETTE</b>	12 NAME	
STREET ADDRESS	<b>P.O. BOX 8 N/A</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN FL</b>	14 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARIAS, LEONEL</b>	22 NAME	
STREET ADDRESS	<b>P O BOX 513 N/A</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN FL</b>	24 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEFKER, PAUL</b>	32 NAME	
STREET ADDRESS	<b>P.O. BOX 294 N/A</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN FL</b>	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'LAUGHLIN, REV. FRANK</b>	42 NAME	
STREET ADDRESS	<b>10935 S MILITARY TR</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>APPLETON, EDWARD</b>	52 NAME	
STREET ADDRESS	<b>P.O. BOX 365 N/A</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN FL</b>	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTRO, SOCCORRO</b>	62 NAME	
STREET ADDRESS	<b>15151 SW CHICKEE ST</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN FL</b>	64 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Collette Powers* **7-3-96** **407-597-3838**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Collette Powers Pres.*

CR2E037 (3/96)