

FILE NOW: FILING FEE IS \$61.25

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**Apr 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 16630 S.W. WARFIELD P.O. BOX 901 INDIANTOWN FL 34956	Mailing Address 16630 S.W. WARFIELD P.O. BOX 901 INDIANTOWN FL 34956
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3. Date Incorporated or Qualified 09/28/1987	
4. FEI Number 59-2832745	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POWERS, COLETTE	
STREET ADDRESS	P.O. BOX 8 N/A	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FARIAS, LEONEL	
STREET ADDRESS	P O BOX 513 N/A	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIEFKER, PAUL	
STREET ADDRESS	P.O. BOX 294 N/A	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'LAUGHLIN, REV. FRANK	
STREET ADDRESS	10935 S MILITARY TR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	APPLETON, EDWARD	
STREET ADDRESS	P.O. BOX 385 N/A	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTRO, SOCCORRO	
STREET ADDRESS	15151 SW CHICKEE ST	
CITY-ST-ZIP	INDIANTOWN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Paul E. Siefker* 4/7/98 561-597-2394

CR2E037 (10/97)