

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathum  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001800 (1)  
1. Corporation Name  
SUN-UP OF INDIAN RIVER, INC.

Principal Place of Business Mailing Address  
2448 19TH AVE 2448 19TH AVE  
VERO BEACH FL 32960 VERO BEACH FL 32960

3. Date Incorporated or Qualified 04/12/1994 3a. Date of Last Report Same  
4. FEI Number 65-0503581 Applied For Not Applicable

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 25 29 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
SKALACKI, CATHERINE P  
2448 19TH AVE  
VERO BEACH FL 32960

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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 607.0505, Florida Statutes.

SIGNATURE *Catherine P. Skalacki* (NOTE: Registered Agent signature required when reinstating) DATE January 19, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Catherine P. Skalacki
STREET ADDRESS		1.3 STREET ADDRESS	2448 19th Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Vero Beach, Florida 32960
TITLE		2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Ann Pavlovsky
STREET ADDRESS		2.3 STREET ADDRESS	2315 SW 29th Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Vero Beach, Florida 32968
TITLE		3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kathleen Scholze
STREET ADDRESS		3.3 STREET ADDRESS	43-206 Plantation Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Vero Beach, Florida 32966
TITLE		4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	H. Randall Brennan, Esq.
STREET ADDRESS		4.3 STREET ADDRESS	2043 14th Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Vero Beach, Florida 32960
TITLE		5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	William Herman, Esq.
STREET ADDRESS		5.3 STREET ADDRESS	700 20th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Vero Beach, Florida 32961
TITLE		6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Kay Moran
STREET ADDRESS		6.3 STREET ADDRESS	1990 25th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Vero Beach, Florida 32960

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: *Catherine P. Skalacki* 1-19-95 (407) 567-6286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Catherine P. Skalacki