

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
VERO BEACH FL 32960** **2448 19TH AVE
VERO BEACH FL 32960**

3. Date Incorporated or Qualified: **04/12/1994** 3a. Date of Last Report: **02/08/1995**

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0503581 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23 | | 28 | | 24 | | 30 | |
| Zip | Country | Zip | Country | | | | |
| 24 | 25 | 29 | 30 | | | | |

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 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

Signature, typed or printed name of registered agent and agent's title, etc.

(NOTE: Registered Agent signature required when re-statuting)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SKALACKI, CATHERINE P. | 1.2 NAME | |
| STREET ADDRESS | 2448 19TH AVENUE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | VERO BEACH FL 32960 | 1.4 CITY - ST - ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAVLOVSKY, ANN | 2.2 NAME | T |
| STREET ADDRESS | 2315 SW 29TH AVENUE | 2.3 STREET ADDRESS | Viola Yatsko |
| CITY - ST - ZIP | VERO BEACH FL 32968 | 2.4 CITY - ST - ZIP | 1964 5th Court |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | Verobeach, Fl. 32962 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHOLZE, KATHLEEN | 3.2 NAME | |
| STREET ADDRESS | 43-206 PLANTATION DRIVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | VERO BEACH FL 32960 | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERMAN, WILLIAM ESQ | 4.2 NAME | |
| STREET ADDRESS | 700 20TH STREET | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | VERO BEACH FL 32961 | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORAN, KAY | 5.2 NAME | |
| STREET ADDRESS | 1990 25TH STREET | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | VERO BEACH FL 32960 | 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96
Date

(407)567-5236
Daytime Phone #

CR2E037 (12/95)