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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 2448 19TH AVE, VERO BEACH FL 32960
Mailing Address: 2448 19TH AVE, VERO BEACH FL 32960-3334

3. Date incorporated or Qualified: 04/12/1994
3a. Date of Last Report: 02/15/1996
4. FEI Number: 65-0503581
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Zip Country

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
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows of officer information (12. OFFICERS AND DIRECTORS). Columns include Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 4 columns of addition/change information (13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12). Columns include Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

14. I do 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: Catherine P. Skalacki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 21, 1997
Date

Daytime Phone # 0020530

CR2E037 (9/96)