

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001800

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/12/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0748943	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SKALACKI, CATHERINE P 2448 19TH AVE VERO BEACH FL 32960				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				VERO BEACH		FL	
						85 Zip Code	
						32963	

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: Joan E. Goldsmith DATE: 2/17/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SKALACKI, CHATHERINE P.			1.2 NAME	SKALACKI, CATHERINE		
STREET ADDRESS	2448 19TH AVENUE			1.3 STREET ADDRESS	2448 19TH AVE		
CITY-ST-ZIP	VERO BEACH FL 32960			1.4 CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YATSKO, VIOLA			2.2 NAME	WALTER SACKVILLE		
STREET ADDRESS	1964 5TH COURT			2.3 STREET ADDRESS	90 BEACHSIDE DR #301		
CITY-ST-ZIP	VERO BEACH FL			2.4 CITY-ST-ZIP	VERO BEACH, FL 32963		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHOLZE, KATHLEEN			3.2 NAME	JOAN E. GOLDSMITH		
STREET ADDRESS	43-206 PLANTATION DRIVE			3.3 STREET ADDRESS	1052 POITRAS DR.		
CITY-ST-ZIP	VERO BEACH FL 32960			3.4 CITY-ST-ZIP	VERO BEACH, FL 32963		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LABELLA, ARTHUR			4.2 NAME	JAMES DRAYTON		
STREET ADDRESS	1300 24TH AVE			4.3 STREET ADDRESS	2025 SPRING PL		
CITY-ST-ZIP	VERO BEACH FL 32960			4.4 CITY-ST-ZIP	VERO BEACH, FL 32963		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	RS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MORAN, KAY			5.2 NAME	JOHN KRAJEWSKY		
STREET ADDRESS	1990 25TH STREET			5.3 STREET ADDRESS	1699 WHITMORE ST.		
CITY-ST-ZIP	VERO BEACH FL 32960			5.4 CITY-ST-ZIP	SEBASTIAN FL 32958		
TITLE	P	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> ADDITION	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHN F. SWANSON			6.2 NAME	DELORES WEEHS		
STREET ADDRESS	4857 N. NEWPORT ISLAND DRIVE			6.3 STREET ADDRESS	1975 SURFSIDE TERRACE		
CITY-ST-ZIP	VERO BEACH			6.4 CITY-ST-ZIP	VERO BEACH, FL 32963		

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, with all other like empowered.

SIGNATURE: Signature Required DATE: 2/8/99 DAYTIME PHONE #: 561/2311717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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13.

additions

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Gary Weems

4095 58th Circle

Vero Beach, Fl. 32966