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NONPROFIT CORPORATION ANNUAL REPORT 1999



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



DOCUMENT # **N96000001881**

Corporation Name
INDIANE COMMERCIAL ASSOCIATION, INC.

Place of Business Mailing Address
 CORAL LANDINGS BLVD. 2692 CORAL LANDINGS BLVD.
 HARBOR FL 34684 PALM HARBOR FL 34684

1. Principal Place of Business 2710 AL+ 19 U	2a. Mailing Address 28 2710 AL+ 19 U	3. Date Incorporated or Qualified 04/01/1996
2. Apt. #, etc. 401	27. Suites, Apt. #, etc. 401	4. FEI Number 59-3390312
City & State PALM HARBOR FL	28. City & State PALM HARBOR FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 34683 25 US	29. Zip 30 34683 30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent EMIL G PARK STREET ARATER FL 34616	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
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I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PD FLAIG, GUNTHER 2692 CORAL LANDINGS BLVD. PALM HARBOR FL 34684	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2710 ALTEERDATE 19 U, # 401 PALM HARBOR FL 34683
SD MOSS, MARCIA 2692 CORAL LANDINGS BLVD. PALM HARBOR FL 34684	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2710 ALTEERDATE 19, U # 401 PALM HARBOR, FL 34683
TD MAAHHIAS, BREUDAN 2692 CORAL LANDINGS BLVD. PALM HARBOR FL 34684	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 2710 ALTEERDATE 19, U # 401 PALM HARBOR, FL 34683
	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

I 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 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: 2/2/99 (727) 789-5300 Daytime Phone #

CR2E037 (1/198)