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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000050914 (8)
 1. Corporation Name
INDIAN RIVER ENVIRONMENTAL LIABILITY CORP., INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 501 Carr Road Suite, Apt #, etc. 22 City & State 23 Wilmington, DE Zip 24 19850		25. Mailing Address 26 70 Pine Street Suite, Apt #, etc. 27 Attn: E.M. Tuck City & State 28 New York, New York Zip 29 10270		3. Date Incorporated or Qualified July 1, 1994	
Country 25 USA		Country 30 USA		4. FEI Number 59-3261706 Applied For Not Applicable	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 Hayes Street Tallahassee, Florida 32301		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.		81 Name		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature typed or printed name of registered agent and title if applicable		83			
(NOTE: Registered Agent signature required when reinstating)		84 City		FL 85 Zip Code	
DATE					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lang, Gregory P.	1.2 NAME	
STREET ADDRESS	501 Carr Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Wilmington, DE 19850	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cornell, Kenneth B.	2.2 NAME	
STREET ADDRESS	70 Pine Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10270	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castelli, Michael J.	3.2 NAME	
STREET ADDRESS	70 Pine Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10270	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tuck, Elizabeth M.	4.2 NAME	
STREET ADDRESS	70 Pine Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10270	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth M. Tuck* Date: 4-29-98

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 ***150.00

(212) 770-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2F034 (10/97)