


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90016 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000065147

1. Corporation Name
INDAR CORPORATION



Principal Place of Business 4800 NORTH FEDERAL HIGHWAY #201B BOCA RATON FL 33431	Mailing Address 4800 NORTH FEDERAL HIGHWAY #201B BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6601 PARK OF COMMERCE BLVD. Suite, Apt. #, etc.		2a. Mailing Address 26 6601 PARK OF COMMERCE BLVD. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/23/1998	
22 City & State 23 BOCA RATON FL		27 City & State 28 BOCA RATON FL		4. FEI Number 65-0852445	
24 Zip 33487		25 Country 25 PALM BEACH		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33487		30 Country 30 PALM BEACH		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BOOKSTEIN, MERRILL 4800 NORTH FEDERAL HIGHWAY #201B BOCA RATON FL 33431				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 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASHER, HANK		1.2 NAME	
STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY #201B		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33431		1.4 CITY-ST-ZIP	
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRETON, CHRISTIANE M		2.2 NAME	
STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY #201B		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33431		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIGHT, JACK		3.2 NAME	
STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY #201B		3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33431		3.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KLINE, KAREN		4.2 NAME	
STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY #201B		4.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33431		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 checked="" 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, with all other like empowered.

SIGNATURE:

Karen Kline
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

Date

Daytime Phone #

CR2E034 (1/1/98)