

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **200823** (3)

1. Corporation Name
INDIAN RIVER REALTY INC



Principal Place of Business 1080 N. A1A PO BOX 3649 INDIALANTIC FL 32903	Mailing Address PO BOX 3649 PO BOX 3649 INDIALANTIC FL 32903 US
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3. Date Incorporated or Qualified 03/18/1957	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0814082	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**COLEMAN, PERRY J JR
556 CHESTNUT ST
W MELBOURNE FL 32904**

10. Name and Address of New Registered Agent
81 Name **COLEMAN PERRY J. JR**
82 Street Address (P.O. Box Number is Not Acceptable)
2205 PINE MEADOW AVE
83 **W. MELBOURNE,**
84 City **FL** 85 Zip Code **32904**

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  DATE **2-15-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	COLEMAN, P J JR	STREET ADDRESS	2205 PINE MEADOW	CITY - ST - ZIP	W MELBOURNE, FL 00000	<input type="checkbox"/> DELETE
TITLE	VPS	NAME	KISH, LEONNA	STREET ADDRESS	451 TORTOISE VIEW CIRCLE	CITY - ST - ZIP	SATELLITE BEACH FL	<input type="checkbox"/> DELETE
TITLE	T	NAME	COLEMAN, JUDITH	STREET ADDRESS	2205 PINE MEADOW	CITY - ST - ZIP	W. MELBOURNE FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:  DATE **2-15-97** DAYTIME PHONE **407-223-4747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)