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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 439905 1. Corporation Name

INDIAN RIVER PROPERTIES, INC.

Principal Place	of Business	Mailing Address					
P. O. BOX 3160 P. O. BOX 3160							
VERO BEACH FL 32964-3160 VERO BEACH FL 32964-3160 US US					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					11/15/1973		Ì
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21		26	6		59-1501121	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additions			
22		27		5. Certificate of Status Desired	Fee Re	quired _	
City & State C		City & State	City & State		6. Election Campaign Financing	\$5.00	•
23 28					Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		
24	25	29 30	Ц,		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
81 A	CK CAMIEL A		01	Name			
BLOCK, SAMUEL A. 2127-10TH AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
VERO BEACH FL 32960					, ., .		
_	D BEACH PL 32900		83				
•			84	City		85 Zip C	Code
411. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					<u> </u>		
SIGNATURE	m familiar with, and accept the obligation of registered age				ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	
TITLE	PD	DELETE	1.1 TITLE		7.0017.0107.01	☐ Change	Addition
NAME	CURRAN, DAVID B.		1.2 NAME				į
STREET ADDRESS	AS DI ANTATION DODGE OFF 404		1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL	• •	1.4 CITY-S				
TITLE	SD	☐ DELETE	2.1 TITLE	11-211		Change	☐ Addition
NAME	CURRAN, HELEN H.	_	2.2 NAME				}
STREET ADDRESS	28 PLANTATION DRIVE STE 1	01		TADORESS			
CITY-ST-ZIP	-VERO-BEACH FL		2. 4 CITY-S	- 1	ta e e e e		•
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAME	'			ļ
STREET ADDRESS	3541 COLGATE		3.3 STREE	TADDRESS			Ì
CITY-ST-ZIP	DALLAS TX		3.4. CITY-5		•		
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				ì
STREET ADDRESS	}		4.3 STREE	TADDRESS			}
CITY-ST-ZIP			4.4 CITY-S				
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	ĺ			

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:

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1999

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90228 038 \*\*\*150.00