

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **648725** (0)

1. Corporation Name
INDIAN INVESTMENTS INCORPORATED



Principal Place of Business: **830A SE 5TH AVE DELRAY BCH FL 33483 US**
Mailing Address: **830-A SE 5TH AVE DELRAY BEACH FL 33483 US**

3. Date Incorporated or Qualified: **12/19/1979**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-1979695**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **600 N. CONGRESS**
22. Suite, Apt. #, etc.: **130.09**
23. City & State: **DeLray Beach, FL**
24. Zip: **33455**
25. Country: **FLA Beach**
26. Mailing Address: **600 N. CONGRESS**
27. Suite, Apt. #, etc.: **130.09**
28. City & State: **DeLray Beach FL**
29. Zip: **33455**
30. Country: **FLA Beach**

9. Name and Address of Current Registered Agent: **BRUNO, MELBA R 530-A S.E. 5TH AVE DELRAY BEACH FL 33483**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **600 N. CONGRESS**
83. Suite: **Suite 130.09**
84. City: **DeLray Beach** FL 85. Zip Code: **33455**

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: _____ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE: PD | <input type="checkbox"/> DELETE | 1.1 TITLE: BRUNO, ANTHONY O. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BRUNO, ANTHONY O. | | 1.2 NAME: | |
| STREET ADDRESS: 530-A S.E. 5TH AVE. | | 1.3 STREET ADDRESS: 600 N. CONGRESS | |
| CITY-ST-ZIP: DELRAY BEACH FL | | 1.4 CITY-ST-ZIP: DELRAY BEACH FL 33455 | |
| TITLE: VD | <input type="checkbox"/> DELETE | 2.1 TITLE: BRUNO, MELBA R | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BRUNO, MELBA R | | 2.2 NAME: | |
| STREET ADDRESS: 530-A S.E. 5TH AVE | | 2.3 STREET ADDRESS: 600 N. CONGRESS | |
| CITY-ST-ZIP: DELRAY BEACH FL | | 2.4 CITY-ST-ZIP: DELRAY BEACH FL 33455 | |
| TITLE: S | <input type="checkbox"/> DELETE | 3.1 TITLE: BRUNO, MELBA R | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BRUNO, MELBA R | | 3.2 NAME: | |
| STREET ADDRESS: 530A SE 5TH AVE | | 3.3 STREET ADDRESS: 600 N. CONGRESS | |
| CITY-ST-ZIP: DELRAY BCH FL | | 3.4 CITY-ST-ZIP: DELRAY BEACH, FL 33455 | |
| TITLE: | <input type="checkbox"/> DELETE | 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 4.2 NAME: | |
| STREET ADDRESS: | | 4.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Anthony O. Bruno* PRES 4/11/96 407-243-1263
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)