

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAR -7 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **671644** (3)

1. Corporation Name
INDIAN RIVER INVESTMENT REALTY, INC.

Principal Place of Business Mailing Address
4600 N A-1-A PENTHOUSE 10 VERO BCH FL 32963

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **05/29/1980** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2421679** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**NYQUIST, B. ANDERS
4600 N. A-1-A, #510
VERO BEACH FL 32963**

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	NYQUIST, HARRIET
STREET ADDRESS	4600 N A1A PH 10
CITY - ST - ZIP	VERO BCH FL
TITLE	D
NAME	NYQUIST, HARRIET
STREET ADDRESS	4600 N A1A PH 10
CITY - ST - ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NYQUIST, HARRIET	
1.3 STREET ADDRESS	4600 N. A1A PH 10	
1.4 CITY - ST - ZIP	VERO BCH, FL. 32963	
2.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NYQUIST, B. ANDERS	
2.3 STREET ADDRESS	4600 N. A1A PH 10	
2.4 CITY - ST - ZIP	VERO BCH, FL. 32963	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information contained 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, unchanged, or on an attachment with an address.

SIGNATURE:

Anders
AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

B. ANDERS NYQUIST, PRES.

3/3/95

(407) 231-1930