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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714273

1. Corporation Name

INDEPENDENT INSURANCE AGENTS OF INDIAN RIVER COUNTY, INC.

Principal Place of Business
 P.O. BOX 785
 VERO BEACH FL 32961-0785
 US

Mailing Address
 P.O. BOX 785
 VERO BEACH FL 32961-0785
 US

93538 90041 46



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/19/1968
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7421534
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	30	<input type="checkbox"/> \$8.75 Additional Fee Required
25	31	6. Election Campaign Financing
29	32	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COOKSEY, BYRON T.
979 BEACHLAND BLVD.
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
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PED	1.1 TITLE	PRESIDENT - DIRECTOR
NAME	SCHLIT, JEFF	1.2 NAME	
STREET ADDRESS	1717 INDIAN RIVER BLVD, #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	WALLACE, SCOTT C	2.2 NAME	
STREET ADDRESS	2911 CARDINAL DR.	2.3 STREET ADDRESS	2045 14th Ave.
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	SD	3.1 TITLE	
NAME	THOMPSON, AMY	3.2 NAME	
STREET ADDRESS	2046 14TH AVE.	3.3 STREET ADDRESS	32960
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ROSELAND, CHERYL	4.2 NAME	
STREET ADDRESS	2045 14TH AVE.	4.3 STREET ADDRESS	32960
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	DIRECTOR
NAME	NESPER, WILLIAM	5.2 NAME	
STREET ADDRESS	827 8TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	5.4 CITY-ST-ZIP	32962
TITLE		6.1 TITLE	PRESIDENT-ELECT, DIRECTOR
NAME		6.2 NAME	PAPRETH, CHARLES
STREET ADDRESS		6.3 STREET ADDRESS	2800 Ocean Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Vero Beach, FL 32963

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 617, 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]

SIGNATURE REQUIRED

1/14/99

(561) 562-3369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)