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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90009 041 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation							
INDIAN F	RIVER STAMP COMPANY, I	NC.					
Principal Place	of Business	Mailing Address				: AVEST BIÁTE MENS A	1811 81811 1881
1957 PINEAPPLE AVE. MELBOURNE FL 32935 1957 PINEAPPLE AVE. MELBOURNE FL 32935					DO NOT WRITE IN THIS SPACE		
US					Date Incorporated or Qualifed	3 31 ACE	
					03/24/1982		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Apr	plied For
21		26		NOT APPLICABLE	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional	
22		27		5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	•	
23		28			Trust Fund Contribution	Added to	o Fees
Zip			Country		8. This corporation owes the current year I		□No
24	25		30		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
MAXWELL, RONALD W 12 NORTH UNIVERSITY BLVD.					ddress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32211			83				1 1 2 1 1 1
JAC.	CONVIDED TE GEETT		03				
			84	City	F	85 Zip C	Code
		22 and 607 1509 Elected Statute	or the above	e-named co	orporation submits this statement for the purpose	of changing its	registered
	:	of Elorida, Such change was at	ITHORIZAN DV	The cornors	ation's board of directors. I hereby accept the app	ointment as rec	gistered
agent. I ar	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	nda Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	: Registered Ager	nt signature requ	uired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	AZEREDO, PHILIP G		1.2 NAME				
STREET ADDRESS	1957 PINEAPPLE AVE.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MELBOURNE FL		1,4 CITY-S	T- ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	MAXWELL, RONALD W		2.2 NAME				
STREET ADDRESS	1314 JAMAICA COURT		2.3 STREE	TADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-5	ST-ZIP		Change	Addition
TITLE	ST	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	AZEREDO, PHILLIS M		3.2 NAME	1			
STREET ADDRESS				TADDRESS	E		•
CITY-ST-ZIP	MELBOURNE FL 32935	□ DELETT	3.4. C/TY-5	ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE			· ·	
NAME			4. 2 NAME				
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	11-ZIP		Change	☐ Addition
TITLE		□ offric	5.1 ITLE 5.2 NAME				_
NAME				TADDRESS			
STREET ADDRESS	ý.		5.4 CITY-S	- 1			
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE			Change	☐ Addition
	ing it to the fire		6.2 NAME				
NAME	Same and the same			TADDRESS			

CITY+ST-ZIP 14. 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.

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS