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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H02789

(6)

DOCUMENT #
1. Corporation Name INDY R INC.

Principal Place	of Business	Mailing Address			0 1011 87011 87811 81011 A1011 81811 87811 A1011	
935 W. 15TH ST. RIVIERA BEACH FL 33404 US		935 W. 15TH ST. RIVIERA BEACH FL 33404 US				
00				3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Pla	ce of Business	2a. Mailing Address		<b>05/09/1984</b> 4. FEI Number	01/19/1995	
21 340 10th ST 26 340 10th			· <7:	59-2401500	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		\$8.75 Additional	
22 1/		27 # A		5. Certificate of Status Desired	Fee Required	
City & State	re Park FL	City & State 28 Lake Fo	ark.EL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
ZiQ_	Country	Zip [	Country	8. This corporation has liability for		
24 3340			30 (15H	L	S ☐ No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New I	Registered Agent	
			81 Name			
				Address (P.O. Box Number is Not Acceptable)		
4189 ROYAL OAK DRIVE			02	83		
PALM BE	ACH GARDENS FL 33140		*3			
			84 City		FL 85 Zip Code	
11. Pursuant to	the provisions of Sections 607 0502	and 607.1508. Fiorida Statutes	the above named co	rporation submits this statement for the pu	roops of changing its registered office	
Or registere	d agent, or both, in the State of Florid n, and accept the obligations of Secki	la. Sucii channo was authorizon	by the corporation's t	poard of directors. Thereby accept the app	pointment as registered agent. I am	
SIGNATURE (	William L. B		Registère 1 Agent signature re	constable and their	4/17/96	
12.	OFFICERS AND	DIRECTOR	<b>1</b> 13.	ADDITIONS/CHANGES TO OF	TICERS AND DIRECTORS IN 12	
TITLE	TD	DELETE	1 + 71716	<b>イ</b> カワ	C	
NAME	REILLY, WILLIAM L.		1.2 NAME	Reily, William L 4189 Royal Oak Dr	•	
STREET ADDRESS	935 W. 15TH ST.		1.3 STREET ADDRESS	4189 Kolal Oak Ur	108	
CITY-ST-ZIP	RIVIERA BEACH FL		1.4 CITY - ST - ZIP	Palm Beach Gordon EDV Reilly Juanite F 1157 Regal Car D	5, FL 33410	
TITLE	SD	□ DELETE	2 1 TITLE	£ D V	Change Add-tion	
NAME	reilly, Juanita, P		2.2 NAME	Reilly Juanite	4) \$ 115im	
STREET ADDRESS	4189 ROYAL OAK DRIVE		2 3 STREET ADDRESS	1184 KOYAL COR D	KIVE	
CITY - ST - ZIP	PALM BEACH GARDENS FL		2.4 CITY - ST - ZIP	Palm Beach Gardens	, FC 33410	
TITLE		☐ DECETE			Change Addition	
NAME CENTEL ADDRESS			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CIEY - \$1 - ZIP 4.1 TITLE		☐ Change ☐ Addition	
NAME			4 2 NAME		Change Addition	
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP						
THE		☐ DELETE	5 1 TITLE		Change Addition	
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		i	
DITY - ST - ZiP			5.4 City - ST - Z-P			
TITLE		DELETE	6 1 TIFLE		Change Addition	
NAME			6.2 NAME		_	
STREET ADDRESS			63 STREET ADDRESS			
CHTY-ST-ZIP			6 4 CHTY - ST - ZIP			
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I do hereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR