

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

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H02789 (6)
1. Corporation Name
INDY R INC.

Principal Place of Business 340 10TH STREET A LAKE PARK FL 33403 US	Mailing Address 340 10TH STREET A LAKE PARK FL 33403 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1399 Killian Rd North Suite, Apt. #, etc. 22 Suite 2 City & State 23 Lake Park, FL Zip 24 33403	2a. Mailing Address 26 1399 Killian Rd North Suite, Apt. #, etc. 27 Suite 2 City & State 28 Lake Park, FL Zip 29 33403	3. Date Incorporated or Qualified 05/09/1984 4. FEI Number 59-2401500 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

WILLIAM L. REILLY
4189 ROYAL OAK DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TDP	<input checked="" type="checkbox"/> DELETE
NAME	REILLY, WILLIAM L.	
STREET ADDRESS	4189 ROYAL OAK DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SDV	<input checked="" type="checkbox"/> DELETE
NAME	REILLY, JUANITA, P	
STREET ADDRESS	4189 ROYAL OAK DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PN/ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUSH, HENRY D.	
1.3 STREET ADDRESS	326 JUPITER LAKES BLVD #2310-A	
1.4 CITY-ST-ZIP	JUPITER, FL 33458	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-98 561-845-1341
Date Daytime Phone # 0310450

CR2E034 (10/97)