


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

FILED
Mar 19 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 # **H23094** (6)

1. Corporation Name
INDIGO GROUP INC.

Principal Place of Business 149-C SOUTH RIDGEWOOD AVENUE P.O. BOX 10809 DAYTONA BEACH FL 32120-0809 US	Mailing Address 149-C SOUTH RIDGEWOOD AVENUE P.O. BOX 10809 DAYTONA BEACH FL 32120-0809 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1984	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-2447230	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. 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				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	

9. Name and Address of Current Registered Agent

**LAGONI, PATRICIA
149-C SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114**

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	

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 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	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BOB D.	1.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APGAR, ROBERT F	2.2 NAME	
STREET ADDRESS	149C SO RIDGEWOOD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISP, LINDA	3.2 NAME	
STREET ADDRESS	149C SO RIDGEWOOD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOTHART, GARY	4.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VSD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGONI, PATRICIA	5.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEETERS, BRUCE W.	6.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	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: *Linda Crisp* LINDA CRISP, ASST. SEC. 3/11/98 904-255-7558

CR2E034 (10/97)