


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **H25894** (7)
1. Corporation Name
INDIAN RIVER ELITE CITRUS, INC.



Principal Place of Business 800 20TH PL STE 3 PO BOX 1344 VERO BEACH FL 32961 US	Mailing Address 800 20TH ST. STE 3 PO BOX 1344 VERO BEACH FL 32961 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 800 20th Place 27 Suite, Apt. #, etc. 28 Vero Beach, Fl. 32960 29 Zip Country 30		3. Date Incorporated or Qualified 10/17/1984	
		4. FEI Number 59-2455304		Applied For <input type="checkbox"/> Not Applicable	
		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			

9. Name and Address of Current Registered Agent

**O'HAIRE, MICHAEL
3111 CARDINAL DRIVE
VERO BEACH FL 32963**

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 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	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, HARRY W. II	12 NAME	
STREET ADDRESS	2010 CLUB DR	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, STEVEN C.	22 NAME	
		23 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROODE, LYNDIA	32 NAME	
STREET ADDRESS	315 13TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIATT, KAY	42 NAME	
STREET ADDRESS	2126-32ND AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMNER, GEORGE JR.	52 NAME	
STREET ADDRESS	601 US HIGHWAY #1	53 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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]* **1/29/98 561-529-1234**

CR2E034 (10/97)