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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(0)

INDIAN RIVER SOFTWARE, INC.

		_		
Principal	Place	of Bu	siness	

FILED

May 11 1998 8:00am

Secretary of State

Principal Place of I	Business	Mailing Addres	s			a indefinte Mild. Mritte tinnen binne Meine birte diffite diffit	04011 31011 31311 0F611 1901
1055 27TH AVENUE S.W. 1055 27TH AVE. SW							
VERO BEACH FL	32968	VERO BEACH	FL 32968			DO NOT WRITE IN THIS	SPACE
US		US				3. Date Incorporated or Qualified	7/100
						06/17/1985	
2. Principal Place	of Business	2a. Mailing Add	ress			4, FEI Number	Applied For
21		26				59-2547664	Not Applicable
Sulte, Apt. #, et	C.	Suite, Apt. #	, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the cur	rent year Intangible
24	25	29	30	,			Yes No
	Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent
	Y, PAUL V.			81	Name T	Paul V. Wilmby	
	6TH AVENUE			82		Idress (P.O. Box Number is Not Acceptable)	
VERO I	BEACH FL 32960				490	30 10th 5x.	
				83			
				84	City \ /		85 Zip Code
			1		. 16	no Beach FL	1 32968
11. Pursuant to the	provisions of Sections 607.0502	and 607, 1508, Flor	da Statutes, th	ne above	-named co	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changing its registered
agent I am fai	ared agent, of both in the stay: hilliar with, and accipit the obliga	of Florida. Such cha itions of , Section 10 7	nge way autho .0505/Hlorida	rized by Statutes	tne corpor s.	ration's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	14 0 V						
Signal	lure, types or printed name of tops tered ager	il and title it opplicable	(NOTE: Reg	stered Age	nt signature req	puired whon reinstating) DATE	
12.	OFFICERS AND			13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND	
	Ď		INETE	1.1 TITLE]		Change Addition
	DUIMBY, PAUL			1.2 NAME			
	055 27TH AVENUE S.W.			1.3 STREET	ADDRESS		
CITY-ST-ZIP V	ERO BEACH FL			1.4 CITY - S	T- ZIP		
TITLE			ELETE :	2.1 THILE			Change Addition
NAME			J :	2.2 NAME			
STREET ADDRESS			1	2.3 STREET	address		
CITY-ST-ZIP				2 4 CITY-S	T - ZIP		
TITLE			ELETE :	3.1 THLE	İ		Change Addition
NAME] ;	3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS (
CITY+\$1-ZIP				3.4. CITY-S	1 - ZIP		
TITLE			ELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS			1	4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY - ST	r-ZIP	<u> </u>	
TITLE		D	EL E TE 5	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS] :	5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - \$1	r-ZIP		
TITLE		□ D		S 1 TITLE			☐ Change ☐ Addition
NAME			1	6 2 NAME			
STREET ADDRESS				63 STAEET	ADDRESS		
CITY-ST-ZIP			J	6.4 CITY- ST	}		
	that the information or united wit	h this (1) a door not				in Section 119 07/2Vi) Florida Statuton I further co	stifut that the Information

receive sensy that the information supplied will unisping does not quality 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 comporation of the receiver or projece 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 occupan attachment with an address.