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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

ANNU	CORPORATION ANNUAL REPORT 1997		Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			Secretary of State						
	MENT # <b>J447</b> IND PARTNERS, INC.	'85	(0)					1 JARUHR 2011 OKRU 2011 YRARI YRARI YARA	OLON RATH A	1811 <b>818</b> 11 81811 1	ti <b>f</b> il t <b>ab</b> t	
Principal Place % ALFRED G.: 10763 S.E. BUF HOBE SOUND	Sturm RGEE Court	% ALFRE 10763 S.I	Mailing Address  % ALFRED G. STURM 10763 S.E. BURGEE COURT HOBE SOUND FL 33455-3217									
							3.	Date Incorporated or Qualified 12/02/1986		te of Last Re   <b>8/1996</b>	port	}
2. Principal Pi	ace of Business	2s. Mailir 26	ig Address				4.	FEI Number 59-2764602			plied For Applicable	}
Suite, Apt	#, etc		Apt. #, etc.			<del> </del>	5.	Certificate of Status Desired		\$8.75 A	dditional	
City & State	)		State			<del></del>	6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	May Be	1
Zip 24	Country 25	Zıp 29	Z <sub>I</sub> p C			Country		This corporation has liability for	intangible			1
	9. Name and Address of	Current Registered	Agent				10.	Name and Address of New Re	gistered /	\gent		1
	rm, alfred G. 33 S.E. Burgee CT			1	B1	Name				<del></del>	·	
	E SOUND FL 33455				82	Street Addre	ess (P	O. Box Number is Not Acceptal	ole)			
				[7	83							1
				,	84	City				85 Zip (	Code	1
11. Pursuanti	to the provisions of Sections 6	07.0502 and 607.150	8. Florida Statute	es, the ab	ove	-named corpo	oratio	n submits this statement for the	FL ourpose of	changing its	registered	}
office or re agent. La	egistered agent, or both, in the m familiar with, and accept the	e State of Florida. Su e obligations of, Sect	ch change was a ion 607.0505, Flo	uthorized orida Statu	by ites	the corporation	on's b	n submits this statement for the popular of directors. I hereby acce	ot the app	ointment as	registered	
SIGNATURI	Signalize: typical or printed name of regis	sered agent and life if applic	able INOTi	E Registered	Ager	nt signature require	d when	reinstating)	DATE		,,	
12,	OFFICE	RS AND DIRECTORS		13.	<u> </u>			ADDITIONS/CHANGES TO OFFIC	ERS AND		S IN 12	]g
THLE	DPT		DELETE	1,1 1(1)						Change	Addition	9
NAME	STURM, ALFRED G. 10763 S.E. BURGEE CO	N IDT		1.2 NAI								2
STREET ADORESS City-St-Zip	HOBE SOUND FL	ONI		1.3 S II 1.4 C IT		ADDRESS						R2F034
TITLE	DS		DELETE	2.1 [1]		1-24				☐ Change	☐ Addition	뜬
NAME	Sturm, Lorraine			22 NAI	ME							
STREET ADORESS	10763 S.E. BURGEE CO	URT		2.3 STF	REET	address						ļ
CHY-ST-7IP	HOBE SOUND FL		DELETE	2. 4 Ch	_	T - ZIP				☐ Change	Addition	4
TITLE NAME			∟ vittit	3.1 TiTi 3.2 NAI		ļ				TH CURINGE	☐ Addition	
STREET ADDRESS				l.		ADDRESS		•				1
CHTY+ST+ZIP				3.4, Ci)		1						
THILE			DELETE	4.1 f(T)	LE					☐ Change	Addition	
NAME				4.2 NA								
STREET ADDRESS				1		ADDRESS						
CHY-S*-7IP TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 C/T 5.1 T/T		1-214				Change	Addition	┥
NAME				5 2 NAI								
STREET ADORESS						ADDRESS						
CITY ST ZIP			· · · · · · · · · · · · · · · · · · ·	5.4 C/T	Y-\$1	r-ZIP						1
TITLE			DELETE	6.1 TiT						Change	Addition	
NAME				62 NAI								1
STREET ADDRESS   CITY - ST- ZIP				6.3 STF 6.4 CtT		ADDRESS						1
Q111-31:21"			Z	0.4 (/1)	1-01	1 · 4ff						4

14. Tab hereby certify that the information supplied with this filip information indicated on this annual report or supplements a Lam an officer or director of the corporation or the receiver appears in Block 12 or Block 13 inchanged or on an axis of pes not flualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that usless empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

**FILED** 

Apr 10 1997 8:00am

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