

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

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J69940 (1)			
1. Corporation Name INDIAN RIVER CONSULTING GROUP, INC.			
Principal Place of Business 201 PLANTATION CLUB DR. SUITE 1402 MELBOURNE FL 32940		Mailing Address 201 PLANTATION CLUB DR. SUITE 1402 MELBOURNE FL 32940-1973	
2. Principal Place of Business 21 104 S. Harbor City Blvd. Suite, Apt. #, etc. 22 Suite A City & State 23 Melbourne FL Zip 32901 Country USA		2a. Mailing Address 26 104 S. Harbor City Blvd Suite, Apt. #, etc. 27 Suite A City & State 28 Melbourne FL Zip 32901 Country USA	
9. Name and Address of Current Registered Agent MARKS, J. MICHAEL 201 PLANTATION CLUB DR. #1402 MELBOURNE FL 32940		10. Name and Address of New Registered Agent 81 Name MARKS, J. Michael (same) 82 Street Address (P.O. Box Number is Not Acceptable) 104 S. Harbor City Blvd 83 Suite A 84 City Melbourne FL 85 Zip Code 32901	
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 607.0605, Florida Statutes. SIGNATURE: <i>Mike Marks</i> (NOTE: Registered Agent signature required when reinstating) DATE: 3/20/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKS, J. MICHAEL 205 BONNIE COURT SATELLITE BEACH FL 32937 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKS, JOANNA L. 205 BONNIE CT SATELLITE BCH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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: <i>Joanna Marks</i> JOANNA MARKS		3/20/97 407/254-6240	



CR2E034 (9/96)