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FILED

Feb 11 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 # J69940 (1)

1. Corporation Name
INDIAN RIVER CONSULTING GROUP, INC.

Principal Place of Business
104 S. HARBOR CITY BLVD
STE A
MELBOURNE FL 32901
US

Mailing Address
104 S HARBOR CITY BLVD
STE A
MELBOURNE FL 32901
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1987

4. FEI Number

59-2795697

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 104 S. Harbor City Blvd
Suite A
City & State Melbourne FL
Zip 32901 Country USA

2a. Mailing Address

26 104 S. Harbor City Blvd
Suite A
City & State Melbourne FL
Zip 32901 Country USA

9. Name and Address of Current Registered Agent

MARKS, J. MICHAEL
104 S HARBOR CITY BLVD
STE A
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of registered agent or principal officer and title, if applicable

Signature of Registered Agent (signature required when reinstating)

2/3/98
DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-------------------|------------------|--------------------------|--------------------------|
| P | MARKS, J. MICHAEL | 205 BONNIE COURT | SATELLITE BEACH FL 32937 | <input type="checkbox"/> |
| S | MARKS, JOANNA L. | 205 BONNIE CT | SATELLITE BCH FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 of registered agent or principal officer and title, if applicable

Signature of Registered Agent (signature required when reinstating)

2/3/98
DATE

CR2E034 (10/97)