SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:55

DOCUMENT # **M34968** **(1)**

1. Corporation Name

INDIAN RIVER INVESTMENTS MANAGEMENT COMPANY, INC

Principal Place of Business	Mailing Address
269 NW 7TH ST ~~P. O. BOX 015222~~ MIAMI FL 33101 US	POST OFFICE BOX 015222 P. O. BOX 015222 MIAMI FL 33101 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): 33136 Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 59-2779660 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEITZEL, RANDALL J.
269 NW 7TH ST
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name: TED H. WEITZEL
82 Street Address (P.O. Box Number is Not Acceptable): 269 N.W. 7th Street
83:
84 City: Miami **FL** 85 Zip Code: 33136

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Ted H. Weitzel — 7-12-95
Signature of new registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	WEITZEL, TED H.	12 NAME	
STREET ADDRESS	269 NW 7TH ST #416	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	WEITZEL, RANDALL J.	22 NAME	
STREET ADDRESS	640 ALLENDALE RD.	23 STREET ADDRESS	269 N. W. 7th St #416
CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP	Miami, Fl. 33136
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	WEITZEL, ROBIN C.	32 NAME	
STREET ADDRESS	640 ALLENDALE RD.	33 STREET ADDRESS	269 N. W. 7th St #416
CITY-ST-ZIP	KEY BISCAYNE FL	34 CITY-ST-ZIP	Miami, Fl. 33136
TITLE	VP	41 TITLE	☒ Change ☐ Addition
NAME	SELAYA, JUAN A.	42 NAME	
STREET ADDRESS	601 E. CHAMINADE DRIVE	43 STREET ADDRESS	Delete
CITY-ST-ZIP	HOLLYWOOD FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: TED H. WEITZEL — 7-12-95 — (305) 358-8030
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

018050 PP