

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M74748** (8)
1. Corporation Name
INDIGO INTERNATIONAL INC.

Principal Place of Business % PATRICIA LAGONI 149-C S. RIDGEWOOD AVE. / P.O. BOX 10809 DAYTONA BEACH FL 32120-809 US	Mailing Address % PATRICIA LAGONI 149-C S. RIDGEWOOD AVE. / P.O. BOX 10809 DAYTONA BEACH FL 32120-809 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 149-C S. Ridgewood Ave. Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 32114 25		2a. Mailing Address 26 P. O. Box 10809 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 32120-0809 30		3. Date Incorporated or Qualified 03/31/1988	
		4. FEI Number 59-1777233		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LAGONI, PATRICIA 149-C SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114				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, typed or printed name of registered agent and the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAGONI, PATRICIA			1.2 NAME			
STREET ADDRESS	149-C S. RIDGEWOOD AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APGAR, ROBERT F.			2.2 NAME			
STREET ADDRESS	501 N. McDONALD AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	McMUNN, WILLIAM H.			3.2 NAME			
STREET ADDRESS	3 SO. RAVENSFIELD LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRISP, LINDA			4.2 NAME			
STREET ADDRESS	217 SEMINOLE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	MOOTHART, GARY		
STREET ADDRESS				5.3 STREET ADDRESS	3 Broadwater Drive		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Ormond Beach FL 32174		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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

Linda Crisp, Sec.

2/19/98

904-255-7558

CR2E034 (1097)