SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio		# IVI/C RISES, INC.	941	(7)				T 	1/11/1/11/11/11/1/1/1/1/1/1/1/1/1/1/1/	(1887 - 1884 - 1886 - 1886)	41 0 404 (404)	
											(1 2111 1 1121	
Principal Place of Business				Mailing Address							., ., ., ., ., .,	
% James D. 681 S. Indus				James D. Rehm 11 S. Industry Rd.				1				
COCOA FL 3				OCOA FL 32926				DO NOT I	VRITE IN TH	IS SPACE		
			•	, , , , , , , , , , , , , , , , , , ,				3. Date Incorporated or Qual	ified 3a.	Date of Last Re	eport	7
								04/19/1988	1 (07/05/1996	·	1
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	<u>'</u>		plied For	1
21				26				59-2884462		No.	t Applicable]
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆	\$8.75 A		
City & State				City & State				6. Election Campaign Finance Trust Fund Contribution	ing	\$5.00 Added t		1
Zip Country				Zip Cou				8. This corporation owes or h				1
24	25		29			¬ ·		Personal Property Tax due] No	
		and Address of						10. Name and Address of No		d Agent		1
RE	HM, JAMES	S D.				81	Name					1
681 S. INDUSTRY RD.							Stroot Ad	treet Address (P.O. Box Number is Not Acceptable)				+
COCOA FL 32926							Street Au	diess (F.O. box Number is 140t Acc				
						83						1
to potar tu				į			City		F	85 Zip (Code	-
		ions of Sections 6	07 0502 and 60	7 1508 Florida Statu	tes the	above	e-named co	reporation submits this statement for			s registered	-
office or r agent. I a	egi ste red ag m fam iliar w	ent, or both, in th th, and accept th	e State of Florid e obligations of	a. Such change was Section 607.0505, F	authori. Iorida S	zed by tatules	the corpor	rporation submits this statement fo ation's board of directors. I hereby	accept the a	ppointment as	registered	
SIGNATURE				···								
40	Signature, typed	or printed name of regis					nt signature rec	ulred when reinslating) ADDITIONS/CHANGES TO	DATE		C IAI 42	٦
12.	OFFICERS AND DIF			DELETE		13. 1.1 TITLE		ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition	ન <u>ું છે</u>
NAME	REHM, JAMES D.									ondings		13
STREET ADDRESS		NGSMILL AVE.			1	2 NAME 2 STREET	ADDRESS					18
CITY-ST-ZIP	MELBOURNE FL						T-ZIP					ľ
TITLE	STD			DELETE			1.51			Change	Addition	†2
NAME	REHM, MARY A.				1	1 TITLE 2 Name	1				_	1
STREET ADDRESS		NGSMILL AVE.					ADDRESS					
CITY-ST-ZIP		JRNE FL				4 CHY-S						١
TITLE				DELETE		1 TITLE		······································		Change	Addition	1
NAME					3.2	2 NAME						
STREET ADDRESS					3.3	3 STREET	ADDRESS					1
CITY-ST-ZIP					3.4	4. CITY-S	T-ZIP		_			
TITLE				DELETE	4.1	1 TITLE				Change	Addition	
NAME					4.	2 NAME						
STREET ADDRESS					4.3	3 STREET	ADORESS					
CITY-ST-ZIP					4.4	4 CITY - S	T-ZIP					_
TITLE				☐ DELETE	5.1	1 TITLE	Į.			☐ Change	Addition Addition	
NAME					5.3	2 NAME	1					
STREET ADDRESS					5.3	3 STREET	address					
CITY-ST-ZIP						4 CITY-S	T-21P					_
TITLE				☐ DELETE		1 TITLE				∐ Change	Addition	
NAME					6.2	2 NAME	Ţ					
STREET ADDRESS					δ.:	3 STREET	ADDRESS					
CITY-ST-ZIP					64	4 CITY-S	F-ZIP					1

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.

FILED

Sep 19 1997 8:00am

Secretary of State