

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001975 (2)

1. Corporation Name

INDIAN RIVER STREET MACHINE ASSOC., INC.

Principal Place of Business

Mailing Address

P.O. BOX 657
VERO BEACH FL 32961

P.O. BOX 657
VERO BEACH FL 32961



3. Date Incorporated or Qualified
05/03/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, ROBERT C
1936 14TH AVE.
VERO BEACH FL 32960**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(Note: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MADSEN, MIKE	
STREET ADDRESS	1427 E2ND AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	PRICE CHARLES,	
STREET ADDRESS	1916 63RD CT.	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GLENDA WHEATLY,	
STREET ADDRESS	63 SW 20TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KIEFER NANCY,	
STREET ADDRESS	570 11TH CT.	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, BAZZ	
STREET ADDRESS	1150 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, WAYNE	
STREET ADDRESS	975 34TH AVE. S.W.	
CITY-ST-ZIP	VERO BEACH FL	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tom Maggart	
1.3 STREET ADDRESS	5706 38th Pl	
1.4 CITY-ST-ZIP	Vero Beach Fl	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Karen Agee	
2.3 STREET ADDRESS	4320 2nd Circle	
2.4 CITY-ST-ZIP	Vero Beach Fl 32968	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pat Ridgely	
3.3 STREET ADDRESS	P O Box 651068	
3.4 CITY-ST-ZIP	Vero Beach Fl 32965	
4.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nancy Kiefer	
4.3 STREET ADDRESS	570 11th Cr	
4.4 CITY-ST-ZIP	Vero Beach Fl 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	Dewey	
5.2 NAME	Dewey Byerly	
5.3 STREET ADDRESS	356 20th Ave	
5.4 CITY-ST-ZIP	Vero Beach Fl 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Donna Walters	
6.3 STREET ADDRESS	1516 Sw 20th Ct	
6.4 CITY-ST-ZIP	Vero Beach Fl 32962	

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(9)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 407 231 9095
Date Daytime Phone #

CR2E037 (12/95)