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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

65-0318507

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

City

24

25

29

30

9. Name and Address of Current Registered Agent

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WHEATLEY, ALAN	
STREET ADDRESS	63 SW 20TH LANE	
CITY - ST - ZIP	VERO BEACH FL	

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	RICCIARDI, JIM	
STREET ADDRESS	7006 BROOKLINE AVENUE	
CITY - ST - ZIP	FORT PIERCE FL	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RICE, CRYSTAL	
STREET ADDRESS	2946 1ST PLACE	
CITY - ST - ZIP	VERO BEACH FL	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	TOWNSEND, PATRICIA	
STREET ADDRESS	10725 SCHWAB ROAD	
CITY - ST - ZIP	FORT PIERCE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2		
1.3	ADDRESS	
1.4	T - ZIP	

2.1	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2	Blue Bowling	
2.3	1141 35th Avenue	
2.4	Vero Beach, FL	

3.1	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2	Shawnee Wheatley	
3.3	715 19th Place Apt #1	
3.4	Vero Beach, FL	

4.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2		
4.3	ADDRESS	
4.4	T - ZIP	

5.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2		
5.3	ADDRESS	
5.4	T - ZIP	

6.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2		
6.3	ADDRESS	
6.4	T - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the election 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 as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute 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:

Alan R. North

3/8/98

561-466-1700

CR2E037 (10/97)