


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90292 033 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003854

1. Corporation Name

INDIAN RIVER CHEFS ASSOCIATION INC.

Principal Place of Business

1947 W PARK AVE
EDGEWATER FL 32132

Mailing Address

1947 W PARK AVE
EDGEWATER FL 32132

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. 1947 W. PARK AVE	2a. SAME	06/30/1998
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number
		59-3561701
23. City & State	27. City & State	5. Certificate of Status Desired
EDGEWATER FL		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing
32132		Trus: Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	
USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARKE, BRIAN 1947 W PARK AVE EDGEWATER FL 32132	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 617.0532 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN CLARKE	1.2 NAME	BRIAN CLARKE
STREET ADDRESS	527 CEDAREDDGE DR	1.3 STREET ADDRESS	527 CEDAREDDGE DR
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	1.4 CITY-ST-ZIP	NEW SMYRNA BCH FL 32168
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR DETEC	2.2 NAME	VICTOR DETEC
STREET ADDRESS	411 COLUMBUS AVE	2.3 STREET ADDRESS	411 COLUMBUS AVE
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	2.4 CITY-ST-ZIP	NEW SMYRNA BCH FL 32169
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENISE O'BRIEN	3.2 NAME	DENISE O'BRIEN
STREET ADDRESS	1207 PINERIDGE DR	3.3 STREET ADDRESS	1207 PINERIDGE DR
CITY-ST-ZIP	HOLLY HILL FL 32125	3.4 CITY-ST-ZIP	HOLLY HILL FL 32125
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report, with all other like empowerments.

SIGNATURE:

KATHERINE REIBRIAN CLARKE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

904-409-0690

Date

Daytime Phone #

CR2E037 (11/98)