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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000064434

ADRIA OF INDIAN RIVER COUNTY, INC.

Principal Place of Business Mailing Address							1 70031004 119 1	0129 hitti 2014 00th 40th	<b></b>		111(1 <b>B</b> ) <b>\$</b> 1 (34)
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									HIS SPAC	E	
							3. Date incorporate	d or Qualifed			
			**************************************				09/15/1993 4. FEI Number			1 4	<u> </u>
2. Principal Pl	lace of Business	-	Mailing Address				1		<del> </del>	<del></del>	lied For Applicable
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22		27	City P Ctoto								·
City & State	е	<del>-</del>	City & State				6. Election Campaig			<b>5.00</b> N dded to	
23	Country	28	Zip	Cou	untry		Trust Fund Contr				1-665
Zip		<u></u>	Zip	30	uiiuy		8. This corporation Personal Propert	owes the current yea	ir intangible		□No
24	9. Name and Address of Curren	29	tered Agent	[30]	1		10. Name and Addr	·	<del></del>		
	9. Name and Address of Curren	it Kegis	tereu Agent		81	Name	10. Nume una Audi	cos or new regions	100719011		
MOS	SLEY, CURTIS R.										
	EAST NEW HAVEN AVENUE				82	Street #	Address (P.O. Box Number i	is Not Acceptable)			
	BOURNE FL 32901				83		<del></del>				
ME	DOGINIE I E 0230 I				63						
<u>ئ</u> ـ					84	City			85	Zip Co	ode
			07.4500 EL : 1. Cust		<u>-  - </u>				FL of shape	ina ite r	egistered
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florid	ia. Such change was	authorize	י עם סי	the corpo	corporation submits this state pration's board of directors. I	hereby accept the a	ppointment	as regi	istered
agent. I a	m familiar with, and accept the obliga	tions of	Section 607.0505, F	lorida Sta	tutes.	. '		· ·			1
SIGNATURE											
	Signature, typed or printed name of registered ager			<del></del> -			equired when reinstating)	DAT		ECTOR	25 IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP



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Mar 22, 1999 8:00 am Secretary of State

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