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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500035147 (4) INDIAN RIVER CAPITAL CORP.

Principal Place of Business	Mailing Address
11780 U.S. HIGHWAY ONE	11780 U.S. HIGHWAY ONE
BUITE 800	SUITE 300
NORTH PALM BEACH FL 33408	NORTH PALM BEACH FL 33408-3075

FILED May 19 1997 8:00am Secretary of State



11780 U.S. HI SUITE 300 NORTH PALM	BHWAY ONE BEACH FL 33408	11780 U.S. HIGHWA SUITE 300 NORTH PALM BEAC	•	075	3. Date Incorporated or Qualified	3a. Date of Last R	epart
<u></u>			····		04/27/1995	08/12/1996	
_	Place of Business	2a. Mailing Addres	S		4. FEI Number	1 Ar	plied For
21		26			65-05 84926	\$ No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27		C.		5. Certificate of Status Desired		- 98.75 Additional Fee Required	
City & Stat	е	Crty & State			Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	Zip	CX	ountry	8. This corporation has liability for		
24	25	29	30			Yes No	. 188.037,
	9. Name and Address of Cur		LZ.Z.1		10. Name and Address of New Re		
FHS	CORPORATE SERVICES, INC).		81 Name			
11780 U.S. HIGHWAY ONE							
	TE 300			82 Street Ad	ldress (P.O. Box Number is Not Acceptat	ole)	
	RTH PALM BEACH FL 33408			83			
	THE PERIOD IS COUNTY						
	*			84 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607 (1502 and 607 1508 Florida	Statutes the	above named co	progration submits this statement for the p		0.0000000000000000000000000000000000000
Office of I	registered agent, or both, in the St	ate of Fiorida. Such change	was authoriz	ed by the corpor	ration's board of directors. I hereby accep	orpose of changing it of the appointment as	s registered registered
agent. i a	im familiar with, and accept the ob	ligations of, Section 607.05	05, Florida St	atules.	•	• •	Ū
SIGNATURE	Signature, typed or printed name of registered						
12,		AND DIRECTORS	(NOTE Register		pired when reinstating)	DATE	0.181.40
TITLE	P8	DELE	TTTTTTTT 10 - 10 - 10 - 10 - 10 - 10 - 1	TITLE T	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	BOWEN, MICHAEL	L. Dece				[] Change	☐ Addition
STREET ADDRESS	11780 US HIGHWAY ONE,	STE 300	1	NAME			
	NORTH PALM BEACH FL	012, 000		STREET ADDRESS			
CITY-ST-ZIP TITLE	VPT	DELET		CITY - ST - ZIF	VPT		·
	ETTING, JOHN W.	ר ווונו				Change	Addition
NAME	11780 US HIGHWAY ONE,	CTE ON	2.2	NAME .	Elting, John W.		
STREET ADDRESS	NORTH PALM BEACH FL	01E. 300	2.3	STREET ADDRESS	•		
CITY-ST-ZIP	NONIN PALM DEACH PL			CITY-S1-7IP			
TITLE		☐ DELET	31	THILE		Change	Addition
NAME			321	NAME			
STREET ADDRESS			3.3	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		DELET	E 4.1	TITLE		Change	Addition
NAME			4.2	NAME			
STREET ADDRESS			4.3 3	STREET ADDRESS			
CITY-ST-ZIP			4.4 (CITY-ST-ZIP	•		
TITLE		DELE1		IITLE		☐ Change	Addition
NAME			5.21	NAME		·	-
STREET ADDRESS			533	STREET ADDRESS			
CITY-ST-ZIP				DITY-ST-ZIP			
TITLE		DELET				Change	Addition
NAME			1	IAME		ondigo	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP	And the second s			l .	~ 10		
	ou cartify that the information such	Last Villa de la Constantina	6.40	011Y - \$1 - ZIP	A 12-		

19.07(3)(i). Florida Statutes. I further certify that the turt: shall have the same legal effect as if made under oath; that refi by Chapter 607. Florida Statutes; and that my name information indicated on this annual report or supplier annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.