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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

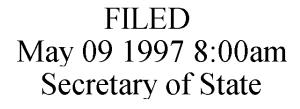
Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P95000051354 (5)

OTTER & COMPANY OF INDIAN RIVER, INC.

Principal Place of Business									
8227 OCEAN	DRIVE								

Mailing Address





8227 OCEAN DRIVE VERO BEACH FL 32963			3227 OCEAN DRIVE VERO BEACH FL 32963-1957								
							3. Date Incorporated or Qualified 06/28/1995		le of Last )1/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>		Applied For		
21		26	I I				65-0592379	Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	le .	27	City & State								
23	,	28					Election Campaign Financing     Trust Fund Contribution			<b>0</b> May Be d to Fees	
Ζιρ	Count	´	Zip	Cour	itry		8. This corporation has liability for i		tax under		
24	25 Name and Adds	29 ess of Current Regi	otored Ameni	[30]				Yes	No		
L/A11/		ess of Current Hegi	stered Agent		81 Nan		10. Name and Address of New Re	gistered /	Agent		
	AHT, JULIE O 7 OCEAN DRIVE										
	O BEACH FL 32963				<b>82</b> Stre	et Addres	ss (P.O. Box Number is Not Acceptab	le)			
					63			S 6	······································		
				ŀ	B4 City	A. L.		FL	<b>85</b> Zi	n Code	
11. Pursuant	to the provisions of Sec	tions 607.0502 and (	607.1508, Florida Statu	tes, the ab	ove-name	ed corpoi	ration submits this statement for the n	urooso of	changing	ite registoror	
office or i	registered agent, or bot am familiar with, and ac	h, in the State of Flor	ida. Such change was	authorized	by the c	orporatio	ration submits this statement for the p n's board of directors. I hereby accep	the app	ointment a	as registered	
SIGNATURE		opa and disignation to	or, occurred 7.0000, 1	Oncid Otale	ncs.						
	Signature, typed or printed nan	c of registered agent and titl	e l'applicable. (NO	II Registered	L Lungia InogA	ture required	(when reinstating)	DATE			
12.		OFFICERS AND DIRE		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	D CANOLIT HINE O		L] DELETE	1.1 7/1	.F	١,,			Change	Addition	
NAME	KNIGHT, JULIE O 3911 58TH CIRCLE			1.2 NA		اعار	ie O'Breien-Knight Live Oak ROAD				
STREET ADDRESS	VERO BEACH FL 3				ELT ADDRES						
CITY-ST-ZIP TITLE	D	2000	DOLLETE	1.4 CO 2.1 10	Y·ST-ZIP	- Xe	tro Brach, A. 32	465	Change	T Addison	
NAME	KNIGHT, DAN		L. Joseph	2.1 M		١,			M Change	e [_] Addition	
STREET ADDRESS	3911 58TH CIRCLE				ril Eet addres	روسي ا ء	Live Oak Donal				
CITY-ST-ZIP	VERO BEACH FL 3				Y-ST-7IP	*  컧/	6 Live Oak Road ero Beach, Fl. 3296	2			
TITLE			DELETE	3.1 TIII		<b></b> '	CKO BECCHITCE 32910	<u> </u>	Change	Addition	
NAME				3.2 NA	AE.					223	
STREET ADORESS				3.3 ST	EET ADDRES	s					
CITY-ST-ZIP				3 4. CIT	Y-S1-ZIP						
TITLE	•		DELETE	4 1 1111	F		77.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		Change	Addition	
NAME				4. 2 NA	ME						
STREET ADDRESS				4.3 STH	eet addres	s	•				
CITY-ST-ZIP					7-ST-ZIP						
TITLE			L DELETE	5.1 101					☐ Change	Addition	
NAME				5.2 NA							
STREET ADDRESS					EET ADORES	s					
CITY-ST-ZIP TITLE			☐ DELETE		(-ST-ZIP					<b>————</b>	
NAME				6.1 TITL					Change	Addition	
STREET ADDRESS				G.2 NA1							
CITY-ST-ZIP					EEN ADDRES	5					
VIII VIII	L			6.4 CH	( - ST - ZIP	1					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 logal offect as if made under eath; 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.