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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600033582 (3)

INDIAN RIVER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



8890 S.W. 129TH TERRACE MIAMI FL 33176		8890 S.W. 129TH TERRACE MIAMI FL 33176		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 04/18/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 3125	5 N.W. 25 AVE	26 3125 N.W	J. 25 AVE	
Suite, Apt.		Suite, Apt. #, etc.		SR 75 Additional
22 COMPANO BEACH FL.		27 Sity & State		Fee Required
23 33069		28 PUMPANO BEACH TO		55.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zo	Country	This corporation owes or has paid the current year Intangible
24	25 USA-	29 33069 3	-À2U 🖫	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current			10. Name and Address of New Registered Agent
MARTIN, JAMES E 81 Name				
DODO O W. ADOTH TODA OF				
MIAMI FL 33176				Address (P.O. Box Number is Not Acceptable)
mirani i E 50170			83	
				ompano VSACH tr. 33069
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 have a accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature (type) or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Channe Addition
NAME	MARTIN, JIM		1.2 NAME	JIM MATERIN
STREET ADDRESS	8890 SW 129 TERR		1.3 STREET ADDRESS	3125 H.W. 25 AVE
CITY-ST-2IP	MIAMI FL		1.4 CITY - ST - ZIP	POMPANO BEACH FL 33069
TITLE		DELETE	21 TITLE	VICE PRES Change Addition
NAME			2.2 NAME	ELIZAGETH MATUTIN
STREET ADDRESS			2.3 STREET ADDRESS	3125 N.W 25 AVE
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	POMPANO B SARLY Fr. 33069
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.9 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETÉ	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	·
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
indicated (o n inis angual report of succeemental a	innual tenoti is true end eccur	ata and that my ciar	d 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 dianged, or on an attachment with an address.				