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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056872 (0)

1. Corporation Name
INDIAN RIVER VENTURES, INC.



Principal Place of Business: POST OFFICE BOX 510217 MELBOURNE BEACH FL 32951-0217
Mailing Address: POST OFFICE BOX 510217 MELBOURNE BEACH FL 32951-0217

3. Date Incorporated or Qualified: 07/05/1996
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 2855 N. A1A HIGHWAY UNIT A INDIALANTIC FL 32903 USA
2a. Mailing Address: 26 2855 N. A1A HIGHWAY UNIT A INDIALANTIC FL 32903 USA

4. FEI Number: [X] Applied For [] Not Applicable
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

9. Name and Address of Current Registered Agent: MILDNER, ROY T ESQ. 10570 SOUTH U.S. ONE SUITE 300 PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent: 81 Name: SANDRA J. TYMN
82 Street Address (P.O. Box Number is Not Acceptable): 2855 N. A1A HIGHWAY
83 City: UNIT A
84 City: INDIALANTIC FL 85 Zip Code: 32903

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: SANDRA J. TYMN [Signature] 1-15-97
DATE: 1-15-97

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: TYMN, GREGORY A	STREET ADDRESS: 2855 A1A, UNIT C	CITY-ST-ZIP: INDIALANTIC FL 32903	<input type="checkbox"/> DELETE
TITLE: D	NAME: TYMN, SANDRA J	STREET ADDRESS: 2855 A1A, UNIT C	CITY-ST-ZIP: INDIALANTIC FL 32903	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D/C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS: 2855 N A1A HWY, UNIT A	
1.4 CITY-ST-ZIP:	
2.1 TITLE: D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS: 2855 N A1A HWY, UNIT A	
2.4 CITY-ST-ZIP:	
3.1 TITLE: William J Mildner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS: 2855 N A1A HWY UNIT 7	
3.4 CITY-ST-ZIP: INDIALANTIC, FL 32903	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

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 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.

SIGNATURE: [Signature] GREGORY A. TYMN 1-15-97 (407)-79 8293
DATE: 1-15-97 DAYTIME PHONE: (407)-79 8293

CR2E034 (9/96)