

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000056872 (0)**  
 1. Corporation Name  
**INDIAN RIVER VENTURES, INC.**



Principal Place of Business <b>2855 N A1A HIGHWAY                  UNIT A                  INDIALANTIC LF 32903                  US</b>	Mailing Address <b>2855 N A1A HIGHWAY                  UNIT A                  INDIALANTIC LF 32903                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State <b>INDIALANTIC FL</b>	<b>27</b> City & State <b>INDIALANTIC FL</b>
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip Country	<b>29</b> Zip Country
<b>25</b> Country	<b>30</b> Country

**3.** Date Incorporated or Qualified  
**07/05/1996**

**4.** FEI Number **59-3422888**  
**APPLIED FOR**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

**5.** Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6.** Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**TYMN, SANDRA J  
 2855 N A1A HIGHWAY  
 UNIT A  
 INDIALANTIC FL 32903**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 am familiar with, and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE *Sandra J. Tymn* **Vice President** DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	TYMN, GREGORY A	
STREET ADDRESS	2855 N A1A HWY UNIT A	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TYMN, SANDRA J	
STREET ADDRESS	2855 N A1A HWY UNIT A	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILDNER, WILLIAM J	
STREET ADDRESS	2855 N A1A HWY UNIT 7	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Gregory A. Tymn* **Gregory A. Tymn President** 27 April 1998 407 779 8293

CR2E034 (10/97)