

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90001 003 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000056872**

1. Corporation Name
INDIAN RIVER VENTURES, INC.



Principal Place of Business
 2855 N A1A HIGHWAY
 UNIT A
 INDIALANTIC FL 32903
 US

Mailing Address
 2855 N A1A HIGHWAY
 UNIT A
 INDIALANTIC FL 32903
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3422888	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

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

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* **SANDRA J. Tymn, Director** 2-10-99
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TYMN, GREGORY A		1.2 NAME				
STREET ADDRESS	2855 N A1A HWY UNIT A		1.3 STREET ADDRESS				
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TYMN, SANDRA J		2.2 NAME				
STREET ADDRESS	2855 N A1A HWY UNIT A		2.3 STREET ADDRESS				
CITY-ST-ZIP	INDIALANTIC FL 32903		2.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MILDNER, WILLIAM J		3.2 NAME				
STREET ADDRESS	2855 N A1A HWY UNIT 7		3.3 STREET ADDRESS				
CITY-ST-ZIP	INDIALANTIC FL 32903		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			4.2 NAME	Tymn, MATTHEW T			
STREET ADDRESS			4.3 STREET ADDRESS	2855 N A1A HWY, UNIT A			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	INDIALANTIC FL 32903			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			5.2 NAME	Tymn, ADAM M			
STREET ADDRESS			5.3 STREET ADDRESS	2855 N A1A HWY, UNIT A			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	INDIALANTIC FL 32903			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *Gregory A. Tymn* **GREGORY A. TYMN** 2.10.99 407-779-8293
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)