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**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 (21-24)  
 2a. Mailing Address (25-28)  
 Suite, Apt. #, etc. (22, 27)  
 City & State (23, 28)  
 Zip Country (24, 25, 29, 30)

3. Date Incorporated or Qualified: **07/05/1996**  
 4. FEI Number: **59-3422888**  
 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 the current year Intangible Personal Property Tax:  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  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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 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	<b>Tymn, MATTHEW T</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2855 N A1A HWY, UNIT A</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Tymn, ADAM M</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>2855 N A1A HWY, UNIT A</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>
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)