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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9600066649 (0)

INDIAN RIVER REAL ESTATE, INC.

Principal Place of Business

Mailing Address

540 CAMELIA LANE VERO BEACH FL 32963 540 CAMEUA LANE VERO BEACH FL 32963-1838

## FILED Jun 02 1997 8:00am Secretary of State



VERO BEACH FL 32963	VERO BEACH FL 32963-1838			
			3. Date incorporated or Qualified 08/09/1996	3a. Date of Last Report
2. Principal Place of Business	26 540 Amel 1	À LAUE	4. FEI Number	Applied For
21 340 (44MEUA LA- Suite, Apt #, exc 22	26 5 40 (A47/151) Suite, Apt. #, etc.	a Little	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Beach 1=1	City & State 28 VERO Boach	· F/	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
	vic 20 32963 3	COUNTRY RUEK		Yes Ao
9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Rec	Istered Agent
AMERILAWYER CHARTERED		81 Name	drano 6 J	Des
343 ALMERIA AVENUE CORAL GABLES FL 33134	82 Street Address (P.O. Box Number is Not Acceptable)			
,		83	<u> </u>	
•		184 94 EV	LO Beach	FL 155933
<ol> <li>Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am further with agree the ob-</li> </ol>	502 and 607.1508. Florida Statutes	the above-named cor	poration submits this statement for the pu	urpose of changing its registered
agent. I am familial with and accept the ob	ligations of, Section 607.0505, Flori	da Statutes.	ation's board of directors. I flereby accep	i the appointment as registered
SIGNATURE CONTROLLY	agent and title if applicable (NOTE: I	Registered Agent signature regu	<u> </u>	841
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
THEF PTD	☐ DELETE	1.5 TITLE		Change Addition
NAME JONES, RICHARD G		1.2 NAME		
STREET ADDRESS 540 CAMELIA LANE		1.3 STREET ADDRESS		[8
CITY ST-ZIP VERO BEACH FL 32963		1.4 CITY+ST-ZIP		}
TITLE VS	☐ DELETE	2 1 TITLE		Change Addition
NAME JONES, JACQUELINE B		2 2 NAME		
STREET AUDRESS   540 CAMELIA LANE		2.3 STREET ADDRESS		
CHY-SF ZIF VERO BEACH FL 32963		2.4 CITY-ST-ZIP	14 TAMAN 33 G. 1 S. 1	
1-TEF	☐ DELETE	31 TITLE		Change Addition
HAME		3.2 NAME		
STHEET ATORESS		3 3 STREET ADDRESS		
CHY-S1-Zir		3.4. CITY-SY-ZIP		
₹ fkF	☐ DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		·
STREET ADDRESS		4 3 STREET ADDRESS		
City \$1 - Z-1	DELETE	4.4 CiTY-ST-ZIP		Change L Addition
TifeF	Бисть	51 TATLE		L Change Addition
NAME etused sentrice		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY - ST - ZiF   ET	DELETE	54 CITY-ST-ZIP 61 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	Fri brief	6.2 NAME		Fit overibe Fit vorition
	·			
STREET ADDRESS		6 3 STREET ADDRESS		
14. I do hereby certify that the information supp	lied with this filing does not qualify	6.4 CiTY-ST-ZIP	d in Section 119 07(3)(i) Florida Statutos	Liurther certify that the

To need by certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated 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 file; k 13 jinchanged, or on an attachment with an address.

**SIGNATURE** 

E OF SIGNING OFFICER OR DIRECTOR

4-25-97 561-234-5599