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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Change

4-17-97

___ Addition

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000070921 (7)

INDIAN RIVER HOMES, INC.

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

3960 BOUTH BANANA RIVER BLVD. 3980 SOUTH BANANA RIVER BLVD. COCOA BEACH FL 32931-3483 COCOA BEACH FL 32931 3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 59 - 2519864 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUNYAN, GARY G 3960 SOUTH BANANA RIVER BLVD. 82 Strect Address (P.O. Box Number is Not Acceptable) **COCOA BEACH FL 32931** 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change Addit-on TITLE 1.11016 RUNYAN, GARY G NAME 1.2 NAME 3960 SOUTH BANANA RIVER BLVD. 1.3 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZiP 1.4 CITY - S1 - 7IP DELETE Change ___ Addition 211001 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DLLETE 3.1 1111.6 Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIF DELETE Change Addition TITLE 4.1 JHE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CHY-S1-ZIP DELETE Change TITLE 5.11111.6 Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 City S1 - ZiP

14. I do hereby certify that the information supplied with this filling 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 eath; 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

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DEL ET É

appears in Block 12 or Block 13 if changed, or on an attachment with an address.