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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

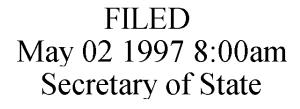
Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000085974 (9)

INDIAN BLUFF REALTY CO., INC.

Principal	Place	of Bu	usino	58

Mailing Address





						308 OCEANVIEW AVE PALM HARBOR FL 34683-1814									
											3. Date Incorporated or Qua 10/17/1996	alified	3a. Date of	Last R	leport
2. Principal P	lace of Busin	noss	· · · · · · · · · · · · · · · · · · ·		2a. Mai	iling Address					4. FEI Number		1	ΙΔr	oplied For
21				26				59-083427	$\boldsymbol{\varsigma}$		─	ot Applicable			
Suite, Apt. #, etc.				Suite, Apl. #, etc.						\$i		Additional			
22				27				5. Certificate of Status Desi	red		Fee Re				
City & State				City & State				6. Etection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
Zip		Co	intry		Zip Country										
24		25	-		29		30	,		This corporation has liability for intangible tax under s 199.032 Florida Statutes			199.032,		
	9, Name		dress of Cu	rrent R		d Agent	1001	\top		10. Name and Address of New Registered Agent					
CH	LEN, NORI	MAN						81	Name				,		
	OCEANVIE							82	Street A	Address	(P.O. Box Number is Not Ac	centab	le)		
PALM HARBOR FL 34683						83									
								"							
								84	City				FL 85	Zip	Code
oπice or r	registered ac	gent, or i	ooth, in the S	state of	Florida S	508, Florida Statu luch change was ction 607.0505, Fl	authoria	zed by	z the com	corpora poration	ation submits this statement for s board of directors. I hereb	or the pr y accep	modes of char	nging it nent as	s registered registered
SIGNATURE	Signature, typeo	d or printed	name of registers	ed agendar	nd tille if app	licabir (NO	1f. Registi	ered Agr	ent signature	required w	hen reinstating)		DATE		
12.			OFFICE RS	· ···			11				ADDITIONS/CHANGES TO	OFFIC		ECTOR	RS IN 12
TITLE	PRESI	OE	15			DELETE	1.1	TILLE						Change	Addition
NAME	THOM	45	ナ、アソハ	VAN			1.5	NAME							
STREET ADDRESS	15 5	· N	AMPTO	N	CT		1.3	STREET	ADDRESS						
CITY-ST-ZIP	CRE	7Æ.	14	60	417	•	1.4	CITY - 5	T- 7IP]
TITLE						☐ DELETE		TITLE						Change	Addition
NAME							2.8	NAME							1
STREET ADDRESS							2.3	STREET	ADDRESS						
CITY-ST-ZIP							2.4	4 CITY - 5	S1-ZIP						
TITLE						DELETE		TITLE						Change	Addition
NAME							3.2	NAME							ļ
STREET ADORESS							3.3	STREET	ADDRESS						
CITY-ST-ZIP							3.4	CITY-S	ST-ZIP						
TITLE						DELETE	4.1	TOLE						Change	Addition
NAME							4.1	2 NAME	,	!					
STREET ADDRESS							4.3	STREET	ADDRESS .						
CITY-ST-ZIP							4.4	CITY-S	T-ZIP						
TITLE						☐ DELETE	5.1	THLE						Change	Addition
NAME							5.2	NAME							
STREET ADDRESS							5.3	STREET	ADDRESS						
CITY-ST-ZIP							5.4	CITY-S	IT-ZIP						
TITLE						☐ DEL€1E	6.1	TITLE						hange	Addition
NAME							6.2	NAME							
STREET ADDRESS							6.3	STREET	ADDRESS						
CITY-ST-ZIP							6.4	CITY-S	T - 7/P						
44 45 500	and a second of the second	1 () - 1 - 6			AL 41 . 41		,, ,				5 11 110 0510111 51	a			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), I forida 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.