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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000033308 (2)

FILED Feb 18 1998 8:00am Secretary of State

INDIAN	N RIVER GROUP, INC.					
Principal Plac	e of Business	Mailing Address			T TREALDRAI CON HANGE TORREST BROOK BROOK BROOK BROOK	O FIFED VIVED HAFF DRIVE 1919 INDI
801 GARDNER ROAD ROCKLEDGE FL 32955		801 GARDNER ROAD ROCKLEDGE FL 32955		DO NOT WRITE IN TH	US SPACE	
					3. Date Incorporated or Qualified	10 OF AGE
					04/14/1997	
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			59-3437958	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Regulred
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip Cou		intry	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent
W	EEKS, WALLACE W			81 Name		
801 GARDNER ROAD				82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
RC	OCKLEDGE FL 32955					
				83		
				84 City		at Zio Codo
				64 City	F	85 Zip Code
11. Pursuant office or ragent. Fa	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Status of Florida. Such change was pations of, Section 607.0505, F	ites, the a authorize lorida Sta	oove-named co d by the corpor tutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ag			d Agent signature req	quired when reinstating) DATE	
12.	, , ,	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D DENNERY MEDICAL MUID	L DECENE	1.1 TO			☐ Change ☐ Addition
NAME	KENNEDY, VERNON W JR	N/	1.2 N			
STREET ADDRESS	211 E COCOA BEACH CSW	ī	1	ireet address		
CITY-ST-ZIP	COCOA BEACH FL 32931	T DOLETE		TY-ST-ZIP		T Observe T delivere
TITLE	D MENNEON MADY E	☐ DELETE	2.1 TI			Change Addition
NAME	KENNEDY, MARY E	N.	2.2 N	!		
STREET ADDRESS	211 E COCOA BEACH CSW	Y	2.3 \$	TREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931	T DECEME	_	ITY-ST-ZIP		
TITLE	D	DELETÉ	3.1 TI	l		Change Addition
NAME	KENNEDY, JOHN E		3.2 N	AME		
STREET ADDRESS	211 E COCOA BEACH CSW	Y	3.3 S	TREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931	F1 55, 555		ITY-ST-ZIP		Ob 10 1 1 200
TITLE		☐ DELETE	4.1 11	- 1		Change Addition
NAME			4. 2 N			
STREET ADDRESS			4.3 S	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	5.1 TI			Change Addition
NAME			5.2 N	ME		
STREET ADDRESS			5.3 \$1	REET ADDRESS		
CITY-ST-ZIP		F-1	_	TY-ST-ZIP	····	
TITLE		☐ DELETE	6.1 TI			Change Addition
NAME			6.2 N	ME		
STREET ADDRESS			6.3 S	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
14. I hereby of indicated	certify that the information supplied w	rith this filing does not qualify to all annual report is true and ac-	tor the exe	emption stated in that my signal	in Section 119.07(3)(i), Florida Statutes. I further ture shall have the same legal effect as if made	certify that the information under eath; that I am an
officer or	director of the corporation or the record Block 13 if changed, or on ap atta	eiver or trustee empowered to	execute 1	his report as re	quired by Chapter 607, Florida Statutes; and the	at my name appears in