SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCUMENT # POZODOBS3330 (5)

## **FILED** Aug 19 1998 8:00am Secretary of State

1. Corporation	on Name	re/(	000003330	(3)		
INDIAN SPRINGS OF ORMOND, INC.						
INDIAN	OI MINOC	OI OINNON	ID) INO			1 18841884 118 (\$10) (\$2) (1 88) (1 88) (1 88) (1 88) (1 88) (1 88) (1 88) (1 88) (1 88)
Principal Plan	ce of Rusines	· · · · · · · · · · · · · · · · · · ·	Mailing Address			
· · · · · · · · · · · · · · · · · · ·						
200 E GRANADA BLVD. STE 204 200 E GRANADA BLVD. STE ORMOND BEACH FL \$2175— ORMOND BEACH FL \$2175—						
ONNIOND BEA	TOIL IS BETTE	-	Onmond benon	F 95113-		DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/25/1997
2. Principal F	2. Principal Place of Business			ss		4 FFI Number
21			26			59-3470600 Applied For Not Applied For
Suite, Apt. #, etc.			Suite, Apt. #,	etc.		5. Certificate of Status Desired \$8.75 Additional
22			27	27		Fee Required
City & State			City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23			28	28		Trust Fund Contribution Added to Fees
Zip 33	101-	Country	- Zh 2 10		untry	8. This corporation owes or has paid the current year intensible
24 50	41.110	25	120 111	Ø 30		Personal Property Tax due June 30. Yes XNo
	01 IVALIA		Current Registered Agent			10. Name and Address of New Registered Agent
CLC	dar, t.j. ik				81 Name	
200	) <b>e gran</b> ai	DA BLVD, STE 2	204		82 Street Add	dress (P.O. Box Number is Not Acceptable)
ORI	mond <b>b</b> ea	CH FL <del>92175</del> -				·
					83	
					84 City	85 Zip Code , /
					O4 Oily	FL   331/16
11. Pursuar	nt to the provi	sions of sections 6	607.0502 and 607.1508, Florida	Statutes, the a	bove-named corp	oration submits this statement for the purpose of changing its registered
office or	r registered a i am familiar v	gent, or both, in th vith, and accept th	ne State of Florida. Such chang he obligations of, section 607.0	e was authorize 505: Florida Sta	ed by the corpora stutes	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE		, , , , , , , , , , , , , , , , , , ,	no sengonono en escata se ()	000, 1,002 01	,	
SIGNATURE		or printed name of regis	stered agent and title if applicable.	(NOTE: Regis	tered Agent signature re	equired when reinstating) DATE
12.		OFFICE	ERS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			DEL	ETE 1.17	TITLE F	Change Addition
NAME				1,2 1	AAME -	1.5. Cloar 111
STREET ADDRESS	:			1.3 8	TREET ADDRESS	ADDE Granada BIVD Ste 201
CITY-ST-ZIP				1.4 0	OTY-ST-ZIP	ormond Bch PL 32176
TITLE			DEL	ETE 2.17	ITLE V	Change X Addition
NAME				2.2 N	IAME 6	Schert K. Kovey
STREET ADDRESS				2.3 \$	TREET ADDRESS	sas us, Granada Steft
CITY-ST-ZIP	1			2.4 0	CITY-ST-ZIP	Simond 15th PL 32174
TITLE			DEL	ETE 3.1 T	ITLE	Change Addition
NAME			_ <del>_</del>		IAME E	11 12 1 Close
STREET ADDRESS				3.3 S	TREET ADDRESS	200 E. Gronada Ste 204
CITY-ST-ZIP				3.4 (	CITY-ST-ZIP	Ormand 600 FC 32/76
TITLE	<del></del>				ITLE	
NAME			[ ] DEL	ETE ■4.1	TILE	I I Changé I I Addition ⊢
STREET ADDRESS			DEL	-,-	IAME	L Change L Addition
			DEL	4.2 N	IAME	Change Addition
			DEL	4.2 N 4.3 S	IAME TREET ADDRESS	Change Addition
CITY-ST-ZIP	-	OF BEST S. Mad AND S. 14 AND STREET		4.2 N 4.3 S 4.4 C	IAME	
CITY-ST-ZIP TITLE	-		DEL	4.2 M 4.3 S 4.4 C ETE 5.1 T	IAME TREET ADDRESS EXTY-ST-ZIP	Change Addition
CITY-ST-ZIP TITLE NAME				4.2 N 4.3 S 4.4 C ETE 5.1 T 5.2 N	IAME TREET ADDRESS EXTY-ST-ZIP ITLE IAME	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		err anno ar ann an ar ar an		42 N 43 S 44 C ETE 5.1 T 52 N 53 S	IAME TREET ADDRESS EXTY-ST-ZIP FILE IAME TREET ADDRESS	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				42N 43S 44C ETE 5.1T 52N 53S 54C ETE 6.1T	IAME TREET ADDRESS CITY-ST-ZIP TITLE IAME TREET ADDRESS CITY-ST-ZIP TITLE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DEL	42 M 43 S 44 C ETE 5.1 T 52 M 53 S 54 C ETE 6.1 T 62 M	IAME TREET ADDRESS ITY-ST-ZIP ITTLE IAME TREET ADDRESS ITY-ST-ZIP ITTLE IAME	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DEL	42M 43S 44C ETE 5.1T 52M 53S 54C ETE 6.1T 62M	IAME TREET ADDRESS CITY-ST-ZIP TITLE IAME TREET ADDRESS CITY-ST-ZIP TITLE	

mm inis filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information into annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am preceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears a technical with an address. indicated on this annual report an officer or director of the cor in Block 12 or Block 13 if director