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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000103824

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90190 048 \*\*\*158.75

INDIAN R	IVER CONNECTIONS, INC.							
Principal Plac	e of Business	Mailing Address				-[ 1   1   1   1   1   1   1   1   1   1	188 STORESON	ILEUS BABU ABBU
3540 CHANCELLORSVILLE AVE 3540 CHANCELLORSVILLE AV MELBOURNE FL 32934 MELBOURNE FL 32934			AVE	<b>:</b>		DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						12/11/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		oplied For
21		26 P.O. BOX 4	1094	0F		59-3548684		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional ~
22		27				3. Contracto of Catalog Double C		Required
City & Stat	te	City & State	_	٦.		6. Election Campaign Financing		May Be
23		28 Melbourne		<u> </u>		Trust Fund Contribution		to Fees
Zip	Country	Zip		intry		8. This corporation owes the current year Int	angible □ Yes	₩No
24	25	29 32941	30 U	15A		Personal Property Tax.  10. Name and Address of New Registered		W NO
<u> </u>	9. Name and Address of Curren	t Registerea Agent		81 N	lame	IV. Maine and Address of New Registered	-Agenti	
NELSON, ZACHARY L								
3540 CHANCELLORSVILLE AVE MELBOURNE FL 32934				82 9	Street Addre	ess (P.O. Box Number is Not Acceptable)		
				83		,		
				84 (	City	FL	85 Zip	Code
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.		Juanie reduien	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	
TITLE	D	☐ DELETÉ	1.1 Tf				cnange	: Audison
NAME	NELSON, ZACHARY L		1.2 N					
				TREET AD				
CITY-ST-ZIP	MELBOURNE FL 32934	☐ DELETE	2.1 TI	TY-ST-ZI	P		☐ Change	Addition
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NAME				TREET AD	nocce			
STREET ADDRESS				TY-ST-Z	1	1. Fac. 4.		÷
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TI		, , , , , , , , , , , , , , , , , , ,		Change	Addition
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TITLE		☐ DELETE	4.1 Te				Change	Addition
NAME			4.21	IAME				
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CITY-ST-ZIP			4.4 C	ITY-ST-ZI	P .			
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NAME			5.2 N		l			
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TITLE	İ	☐ DELETE	61 T				Change	e ☐ Addition
NAME			62 N					
STREET ADDRESS	1			TREET AD				
CITY-ST-ZiP	1		6.4 C	ITY-ST-ZI	P			

14. I hereby certify that the information supplied with this filing 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 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 Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: