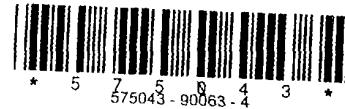


FILE NOW: FILING FEE AFTER MAY 1

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Jun 10, 1999 8:00 am
Secretary of State
 06-10-1999 90063 004 ***150.00



DEPARTMENT OF STATE

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA

DIVIS

DOCUMENT # P98000104611

1. Corporation Name

Indar Corporation

Principal Place of Business

4680 BLUE LAKE DRIVE, SUITE #200
BOCA RATON FL 33431

Mailing Address

4680 BLUE LAKE DRIVE, SUITE #200
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/6/98

4. FEI Number

65-0888489

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21. 6601 Park of Commerce
Blvd.

2a. Mailing Address

26. 6601 Park of Commerce
Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23. Boca Raton

28. Boca Raton

Zip

Country

Zip

Country

24. 33487

25. USA

29. 33487

30. USA

9. Name and Address of Current Registered Agent

QUARLES, THOMAS
 4680 BLUE LAKE DRIVE, SUITE #200
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81. Name

Thomas Quarles

82. Street Address (P.O. Box Number is Not Acceptable)

6601 Park of Commerce Blvd.

83.

84. City

Boca Raton

FL

85. Zip Code

33487

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 fully aware of the obligations imposed by Section 607.0505, Florida Statutes.

SIGNATURE

Signature type: Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
 1.2 NAME Hank Asher
 1.3 STREET ADDRESS 2255 J Spring Harbor Drive
 1.4 CITY-ST-ZIP Delray Beach, FL 33445

2.1 TITLE ☐ Change ☒ Addition
 2.2 NAME Thomas Quarles
 2.3 STREET ADDRESS 525 N. Ocean Blvd., #1615
 2.4 CITY-ST-ZIP Pompano, FL 33062

3.1 TITLE ☐ Change ☒ Addition
 3.2 NAME Karen Kline
 3.3 STREET ADDRESS 2255 J Spring Harbor Drive
 3.4 CITY-ST-ZIP Delray Beach, FL 33445

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME Beth Carlson
 4.3 STREET ADDRESS 5770 Poinsettia Avenue
 4.4 CITY-ST-ZIP West Palm Beach, FL 33062

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Karen J. Kline V.P./TREAS.
 SIGNATURE: D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 561-994-4405

CR25034 (11/98)