

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **257279** (0)

1. Corporation Name
THE ISLAND HOUSE APARTMENTS, INC.



Principal Place of Business
**200 OCEAN LANE DR
KEY BISCAYNE FL 33149-1419**

Mailing Address
**200 OCEAN LANE DR
KEY BISCAYNE FL 33149-1419**

3. Date Incorporated or Qualified
03/23/1962

3a. Date of Last Report
03/03/1995

4. FEI Number
59-1025684

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

**SCHATZ, NORMAN
2655 LEJEUNE ROAD, SUITE 1101
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
SCHATZ, NORMAN

82 Street Address (P.O. Box Number is Not Acceptable)
200 Ocean Lane Drive

83 City, State, Zip
Key Biscayne, FL 33149

84 City **FL** 85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent (Block 9) (Block 12) (Block 13) (Block 14) (Block 15) (Block 16) (Block 17) (Block 18) (Block 19) (Block 20) (Block 21) (Block 22) (Block 23) (Block 24) (Block 25) (Block 26) (Block 27) (Block 28) (Block 29) (Block 30) (Block 31) (Block 32) (Block 33) (Block 34) (Block 35) (Block 36) (Block 37) (Block 38) (Block 39) (Block 40) (Block 41) (Block 42) (Block 43) (Block 44) (Block 45) (Block 46) (Block 47) (Block 48) (Block 49) (Block 50) (Block 51) (Block 52) (Block 53) (Block 54) (Block 55) (Block 56) (Block 57) (Block 58) (Block 59) (Block 60) (Block 61) (Block 62) (Block 63) (Block 64) (Block 65) (Block 66) (Block 67) (Block 68) (Block 69) (Block 70) (Block 71) (Block 72) (Block 73) (Block 74) (Block 75) (Block 76) (Block 77) (Block 78) (Block 79) (Block 80) (Block 81) (Block 82) (Block 83) (Block 84) (Block 85) (Block 86) (Block 87) (Block 88) (Block 89) (Block 90) (Block 91) (Block 92) (Block 93) (Block 94) (Block 95) (Block 96) (Block 97) (Block 98) (Block 99) (Block 100)

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-----------------------------|-------------------------------------|
| TITLE | P | <input type="checkbox"/> |
| NAME | SCHATZ, NORMAN | |
| STREET ADDRESS | 200 OCEAN LANE DRIVE | |
| CITY-STATE-ZIP | KEY BISCAYNE FL | |
| TITLE | TS | <input checked="" type="checkbox"/> |
| NAME | SCHATZ, NORMAN MD | |
| STREET ADDRESS | 200 OCEAN LANE DR | |
| CITY-STATE-ZIP | KEY BISCAYNE FL | |
| TITLE | VP | <input checked="" type="checkbox"/> |
| NAME | WAID, JOHN | |
| STREET ADDRESS | 200 OCEAN LANE DRIVE | |
| CITY-STATE-ZIP | KEY BISCAYNE FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | WAID, JOHN | |
| STREET ADDRESS | 200 OCEAN LANE DRIVE | |
| CITY-STATE-ZIP | KEY BISCAYNE FL | |
| TITLE | D | <input checked="" type="checkbox"/> |
| NAME | O'BRIEN, THOMAS J. J | |
| STREET ADDRESS | 200 OCEAN LANE DRIVE | |
| CITY-STATE-ZIP | KEY BISCAYNE FL | |
| TITLE | VP | <input type="checkbox"/> |
| NAME | SHAW, PAT | |
| STREET ADDRESS | 200 OCEAN LANE DR | |
| CITY-STATE-ZIP | KEY BISCAYNE FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|-----------------------------|--------------------------|-------------------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-STATE-ZIP | | | |
| 2.1 TITLE | T | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 NAME | GOULD, CLIFFORD | | |
| 2.3 STREET ADDRESS | 200 Ocean Lane Drive | | |
| 2.4 CITY-STATE-ZIP | Key Biscayne, FL | | |
| 3.1 TITLE | S | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.2 NAME | NEWCOMM, SALLY | | |
| 3.3 STREET ADDRESS | 200 Ocean Lane Drive | | |
| 3.4 CITY-STATE-ZIP | Key Biscayne, FL | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-STATE-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-STATE-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-STATE-ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **PRESIDENT** **3-13-96** **305-301-5451**
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)