

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 257279 (0)
1. Corporation Name
THE ISLAND HOUSE APARTMENTS, INC.



Principal Place of Business Mailing Address
200 OCEAN LANE DR 200 OCEAN LANE DR
KEY BISCAIYNE FL 33149-1419 KEY BISCAIYNE FL 33149-1419

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1962	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1025684	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHATZ, NORMAN 200 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149				10. Name and Address of New Registered Agent	
				81 Name Patricia L. Shaw	
				82 Street Address (P.O. Box Number is Not Acceptable) 200 Ocean Lane Drive	
				83 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 *Patricia L. Shaw* 4/14/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHATZ, NORMAN			1.2 NAME	SHAW, PATRICIA		
STREET ADDRESS	200 OCEAN LANE DRIVE			1.3 STREET ADDRESS	200 Ocean Lane Drive		
CITY-ST-ZIP	KEY BISCAIYNE FL			1.4 CITY-ST-ZIP	Key Biscayne, Fl		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COULD, CLIFFORD			2.2 NAME	GOULD, CLIFFORD		
STREET ADDRESS	200 OCEAN LANE DRIVE			2.3 STREET ADDRESS	200 Ocean Lane Drive		
CITY-ST-ZIP	KEY BISCAIYNE FL			2.4 CITY-ST-ZIP	Key Biscayne Fl		
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNELL, PAMELA			3.2 NAME	CONNELL, PAMELA		
STREET ADDRESS	200 OCEAN LANE DR			3.3 STREET ADDRESS	200 Ocean Lane Drive		
CITY-ST-ZIP	KEY BISCAIYNE FL			3.4 CITY-ST-ZIP	Key Biscayne, Fl		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOGUE, JAMES			4.2 NAME			
STREET ADDRESS	200 OCEAN LANE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHAW, PAT			5.2 NAME	OSTROSKI, JOSEPH		
STREET ADDRESS	200 OCEAN LANE DR			5.3 STREET ADDRESS	200 Ocean Lane Drive		
CITY-ST-ZIP	KEY BISCAIYNE FL			5.4 CITY-ST-ZIP	Key Biscayne, Fl		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *Patricia L. Shaw* 4/14/98 305-361-5451

CR2E034 (10/97)