

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720013 (2)
1. Corporation Name
ISLAND CLUB FOUR, INC.

Principal Place of Business Mailing Address
% SHERMAN & SHERMA ACCOUNTING 2550 WEST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311
% SHERMAN & SHERMA ACCOUNTING 2550 WEST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1971	3a. Date of Last Report 03/15/1994
4. FEI Number 59-1608556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sherman & Sherman Acct. Suite, Apt. #, etc.	2a. Mailing Address 26 Sherman & Sherman Suite, Apt. #, etc.
22 4500 N. State Road 7 #101 City & State	27 4500 N. State Road 7 #101 City & State
23 Fort Lauderdale, FL 33319 Zip Country	28 Fort Lauderdale, FL 33319 Zip Country
24 Broward	29 Broward

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHERMAN & SHERMAN ACCOUNTING 2550 WEST OAKLAND PARK BLVD. SUITE-403 FT. LAUDERDALE FL-33311		4500 N. STATE RD 7 SUITE 101 FT LAUDERDALE, FL. 33319-5868	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	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 _____ (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	PD	1.1 TITLE	Change Addition
NAME	STEINHARDT, FRED	1.2 NAME	PD
STREET ADDRESS	777 S FEDERAL HIGHWAY	1.3 STREET ADDRESS	SIBILIA, EMILIO J.
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	777 S. FED. HWY. UNIT # M-301 POMPANO BEACH, FLORIDA 33062
TITLE	TD	2.1 TITLE	Change Addition
NAME	FLANAGAN, MARY T.	2.2 NAME	STD
STREET ADDRESS	777 S FEDERAL HIGHWAY	2.3 STREET ADDRESS	FLANAGAN, MARY T.
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	777 S. FEDERAL HWY., UNIT # N-202 POMPANO BEACH, FLORIDA 33062
TITLE	SD	3.1 TITLE	Change Addition
NAME	BABCOCK, BONITA	3.2 NAME	
STREET ADDRESS	777 S. FEDERAL HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	Change Addition
NAME	SIBILIA, EMILIO J	4.2 NAME	VD
STREET ADDRESS	777 S FEDERAL HIGHWAY	4.3 STREET ADDRESS	STEINHARDT, FRED
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	777 S. FED. HWY., UNIT # O-308 POMPANO BEACH, FLORIDA 33062
TITLE	ATD	5.1 TITLE	Change Addition
NAME	HOLDER, PAUL B	5.2 NAME	ATD
STREET ADDRESS	777 S. FEDERAL HIGHWAY	5.3 STREET ADDRESS	HOLDER, PAUL B.
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	777 S. FED. HWY., UNIT # M-104 POMPANO BEACH, FLORIDA 33062
TITLE	ASD	6.1 TITLE	Change Addition
NAME	BERLETIC, GARY	6.2 NAME	ASD
STREET ADDRESS	777 S FEDERAL HIGHWAY	6.3 STREET ADDRESS	BERLETIC, GARY
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	777 S. FED. HWY., UNIT # M-101 POMPANO BEACH, FLORIDA 33062

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary T. Flanagan* 3/8/95 305-782-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
MARY T. FLANAGAN, SEC-TREAS.