

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:11

DOCUMENT # 720014 (0)

1. Corporation Name
ISLAND CLUB ONE, INC.

Principal Place of Business Mailing Address
777 SOUTH FEDERAL HIGHWAY 777 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1971 3a. Date of Last Report 02/02/1994
4. FEI Number 59-1378571 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KAYE & ROGER P.A.
1500 W. CYPRESS CREEK ROAD
SUITE 207
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SCHLAFER, WILLIAM
STREET ADDRESS 777 S. FEDERAL HWY G-104
CITY-ST-ZIP POMPANO BEACH FL
TITLE VD
NAME HARRIS, DONALD
STREET ADDRESS 777 S. FEDERAL HWY F-106
CITY-ST-ZIP POMPANO BEACH FL
TITLE S
NAME DAVIDSON, JOAN
STREET ADDRESS 777 S. FEDERAL HWY.
CITY-ST-ZIP POMPANO BEACH FL
TITLE TD
NAME MILLER, BETTY
STREET ADDRESS 777 S FEDERAL HWY
CITY-ST-ZIP POMPANO BCH., FL 00000
TITLE D
NAME PAPA, BETTY
STREET ADDRESS 777 S FEDERAL HWY H-102
CITY-ST-ZIP POMPANO BEACH FL
TITLE D
NAME FANGHELLA, CAROL
STREET ADDRESS 777 S FEDERAL HWY E-209
CITY-ST-ZIP POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME EDWARDS, GLORIA
1.3 STREET ADDRESS 777 S. Federal Hwy G-310
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33062
2.1 TITLE VD Change Addition
2.2 NAME JOE FERLANTI
2.3 STREET ADDRESS 777 S. Federal Hwy G-202
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33062
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE D Change Addition
6.2 NAME VINCENT STANCARONE
6.3 STREET ADDRESS 777 S. Federal Hwy E-201
6.4 CITY-ST-ZIP POMPANO BEACH, FL 33062

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 1702(b)(6), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Miller (TREASURER) BETTY MILLER 1-17-95 782-9695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Mandatory Phone #)