

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720014 (0)

1. Corporation Name
ISLAND CLUB ONE, INC.



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

3. Date Incorporated or Qualified **01/08/1971** 3a. Date of Last Report **01/30/1995**

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAYE & ROGER P.A.
1500 W. CYPRESS CREEK ROAD
SUITE 207
FT. LAUDERDALE FL 33309**

81 Name **JIM E. SOLOMON & ASSOC., P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **Suites 207-209 Cypress Bend Plaza**
83 **1180 S. Powerline Road**
84 City **Pompano Beach, FL** 85 Zip Code **33069**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE By: **JIM E. SOLOMON & ASSOCIATES, P.A.**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/22/96
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	EDWARDS, GLORIA
STREET ADDRESS	777 S. FEDERAL HWY G-310
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FERLANTI, JOE
STREET ADDRESS	777 S. FEDERAL HWY G-202
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	DAVIDSON, JOAN
STREET ADDRESS	777 S. FEDERAL HWY.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MILLER, BETTY
STREET ADDRESS	777 S FEDERAL HWY
CITY-ST-ZIP	POMPANO BCH., FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	PAPA, BETTY
STREET ADDRESS	777 S FEDERAL HWY H-102
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STANCARONE, VINCENT
STREET ADDRESS	777 S. FEDERAL HWY E-201
CITY-ST-ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 617, 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* **BETTY MILLER** 2-21-96 954-782-9695
Signature and Typed or Printed Name of Signing Officer or Director Date Day/Time Phone #

CR2E037 (12/95)