

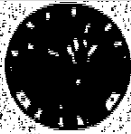
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 19 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N93000001314 (4)

1. Corporation Name

ISLAND GALLERY WEST, INC.

Principal Place of Business

Mailing Address

5340 GULF DR N
HOLMES BEACH FL 34217

5340 GULF DR N
HOLMES BEACH FL 34217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/18/1993** 3a. Date of Last Report: **04/18/1994**

4. FEI Number: **05-0400009** 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

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, IRENE
6300 FLOTILLA DR #79
HOLMES BEACH FL 34217**

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	D
NAME	ADAMS, JUDY
STREET ADDRESS	402 1/2 MAGNOLIA
CITY-ST-ZIP	ANNA MARIA FL 34216-0228
TITLE	D
NAME	HAWKINS, MURPHY
STREET ADDRESS	2746 71ST ST CT W
CITY-ST-ZIP	BRANDON FL 34209
TITLE	D
NAME	MCKENNA, SIDNEY
STREET ADDRESS	106 81ST ST
CITY-ST-ZIP	HOLMES BEACH FL 34217
TITLE	D
NAME	OSHERMAN, NORMAN
STREET ADDRESS	9377 LANDINGS SQ
CITY-ST-ZIP	DES PLAINES IL 60016
TITLE	D
NAME	VICKERS, MARY
STREET ADDRESS	327 TAPPAN
CITY-ST-ZIP	ANNAPOLIS FL 34216-2106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	WM NEARS
2.4 CITY-ST-ZIP	7612 18th AVE NW BRANDON, FL 34209
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	3 EARLSON DUXBURY
4.4 CITY-ST-ZIP	ROLLINS MEADOWS, IL 60008
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	HELEN DE FORCE
5.4 CITY-ST-ZIP	629 EMERALD LANE HOLMES BEACH, FL 34217
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)(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 13 if changed, or as an attachment with an address.

SIGNATURE: *Norman T. Osherman* **NORMAN T. OSHERMAN** 3/15/95 8:13
DATE: **3/15/95** CHANGE HERE: **778 6648**