

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 # **N93000001314 (4)**

1. Corporation Name

ISLAND GALLERY WEST, INC.



Principal Place of Business

Mailing Address

5348 GULF DR N
HOLMES BEACH FL 34217

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HOLMES BEACH FL 34217

3. Date Incorporated or Qualified
03/18/1993

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0400009

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

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

**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 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

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	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, JUDY	
STREET ADDRESS	102 1/2 MAGNOLIA	
CITY - ST - ZIP	ANNA MARIA FL 34216-0226	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEARS, W. M.	
STREET ADDRESS	7612 18TH AVE NW	
CITY - ST - ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENNA, SIDNEY	
STREET ADDRESS	106 81ST ST	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSHERMAN, NORMAN	
STREET ADDRESS	3 EALING ON DIXBURY	
CITY - ST - ZIP	ROLLINS MEADOWS IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEFORCE, HELEN	
STREET ADDRESS	629 EMERALD LANE	
CITY - ST - ZIP	HOLMES BEACH FL	
TITLE	Gloria	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	GLORIA HALL AVE
1.4 CITY - ST - ZIP	108 MAPLE AVE ANNA MARIA FL 34216
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	000001809350
5.3 STREET ADDRESS	-05/06/96--01066--009
5.4 CITY - ST - ZIP	***61.25
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman T. Osherman
NORMAN T. OSHERMAN

2/3/96
Date

778 6648
Daytime Phone #

S-1-96
AB

CR2E037 (12/95)