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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

5348 GULF DR N
HOLMES BEACH FL 34217-1773

3. Date Incorporated or Qualified
03/18/1993

3a. Date of Last Report
05/01/1996

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

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
8300 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 DELETE
NAME D
STREET ADDRESS HALL, GLORIA
CITY-ST-ZIP 108 MAPLE AVENUE
ANNA MARIA FL 34216

1.1 TITLE Change Addition
1.2 NAME D
1.3 STREET ADDRESS MEARS, L
1.4 CITY-ST-ZIP 7612 18th AVE NW
BRADENTON, FL

TITLE DELETE
NAME D
STREET ADDRESS MEARS, W. M.
CITY-ST-ZIP 7612 18TH AVE NW
BRADENTON FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME D
STREET ADDRESS MCKENNA, SIDNEY
CITY-ST-ZIP 106 81ST ST
HOLMES BEACH FL 34217

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME D
STREET ADDRESS OSHERMAN, NORMAN
CITY-ST-ZIP 3 EALING ON DIXBURY
ROLLINS MEADOWS IL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME D
STREET ADDRESS DEFORGE, HELEN
CITY-ST-ZIP 629 EMERALD LANE
HOLMES BEACH FL

5.1 TITLE Change Addition
5.2 NAME DEFORGE, HELEN
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 attached report with an address.

SIGNATURE:

Norman Osherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-756-1606

CR2E037 (9/96)