

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 95000006790
1. Corporation Name
ISLAND TRADERS OF MERRITT ISLAND, INC.

Principal Place of Business Mailing Address
519 E. Merritt Island Causeway #1 **519 E. Merritt Island Causeway #1**
Merritt Island, FL 32952 **Merritt Island, FL 32952**

3. Date Incorporated or Qualified **01/26/1995** 3a. Date of Last Report
4. FEI Number **59-3300017** 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

2. Principal Place of Business 2a. Mailing Address
21 **519 E. Merritt Island** 26 **519 E. Merritt Island**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Causeway #1** 27 **Causeway #1**
City & State City & State
23 **Merritt Island, FL** 28 **Merritt Island, FL**
Zip Country Zip Country
24 **32952** 25 **USA** 29 **32952** 30 **USA**

9. Name and Address of Current Registered Agent
James R. Dressler
110 Dixie Lane
Cocoa Beach, FL 21931

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 is 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 607.0506, Florida Statutes.

SIGNATURE *James R. Dressler*
Signature of Registered Agent of registered agent. The date of registration of the registered agent signature required when submitting this statement.

8/05/96
Date

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Phillip S. Barnes	
STREET ADDRESS	519 E Merritt Island Causeway #1	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Vice President, Secretary, and Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Jean R. Green	
STREET ADDRESS	519 E. Merritt Island Causeway #1	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

500001915835
-08/08/96--01014--011
*****225.00**

8-7-96

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

SIGNATURE: *Jim R. Green (JEAN R. GREEN)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-96
Date
447-452-7701
District Phone #

CR2E034 (12/95)