

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000007247 (6)**

1. Corporation Name  
**ISLAND VENTURE PARTNERS, INC.**



Principal Place of Business <b>695 TARPON BAY ROAD SUITE 7 SANIBEL ISLAND FL 33957</b>	Mailing Address <b>POST OFFICE BOX 716 SANIBEL ISLAND FL 33957-0716</b>
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3. Date Incorporated or Qualified <b>01/24/1995</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>65-0553759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Country
24. Country	25. Zip
29. Country	30. Zip

9. Name and Address of Current Registered Agent

**ARMENIA, JOHN  
695 TARPON BAY ROAD  
SUITE 7  
SANIBEL ISLAND FL 33957**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARMENIA, LUCY	
STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARMENIA, LUCY	
1.3 STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7	
1.4 CITY-ST-ZIP	SANIBEL ISLAND, FL 33957	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILDMAN, DONALD	
2.3 STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7	
2.4 CITY-ST-ZIP	SANIBEL ISLAND, FL 33957	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ARMENIA, JOHN	
3.3 STREET ADDRESS	695 TARPON BAY ROAD, SUITE 6	
3.4 CITY-ST-ZIP	SANIBEL ISLAND, FL 33957	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GIOVANNETTI, PAUL	
4.3 STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7	
4.4 CITY-ST-ZIP	SANIBEL ISLAND, FL 33957	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Lucy Armenia* **LUCY ARMENIA** 3/24/97 941-395-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)