

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **257279** (0)

1. Corporation Name
THE ISLAND HOUSE APARTMENTS, INC.



Principal Place of Business
**200 OCEAN LANE DR
KEY BISCAYNE FL 33149-1419**

Mailing Address
**200 OCEAN LANE DR
KEY BISCAYNE FL 33149-1419**

3. Date Incorporated or Qualified
03/23/1962

3a. Date of Last Report
03/03/1995

4. FEI Number
59-1025684

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

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**SCHATZ, NORMAN
2655 LEJEUNE ROAD, SUITE 1101
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name
SCHATZ, NORMAN

82. Street Address (P.O. Box Number is Not Acceptable)
200 Ocean Lane Drive

83. City, State, Zip
Key Biscayne, FL 33149

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 _____ DATE _____
Signature typed or printed name of registered agent (Block 9) (Block 10) (Block 12) (Block 13) (Block 14)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHATZ, NORMAN	
STREET ADDRESS	200 OCEAN LANE DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	SCHATZ, NORMAN MD	
STREET ADDRESS	200 OCEAN LANE DR	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WAID, JOHN	
STREET ADDRESS	200 OCEAN LANE DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAID, JOHN	
STREET ADDRESS	200 OCEAN LANE DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, THOMAS J. J	
STREET ADDRESS	200 OCEAN LANE DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHAW, PAT	
STREET ADDRESS	200 OCEAN LANE DR	
CITY - ST - ZIP	KEY BISCAYNE FL	

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 checked="" type="checkbox"/> Addition
2.2 NAME	T GOULD, CLIFFORD
2.3 STREET ADDRESS	200 Ocean Lane Drive
2.4 CITY - ST - ZIP	Key Biscayne, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S NEWCOMM, SALLY
3.3 STREET ADDRESS	200 Ocean Lane Drive
3.4 CITY - ST - ZIP	Key Biscayne, FL
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	

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: **PRESIDENT** **3-13-96** **305-301-5451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)