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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720000 (9)
 Corporation Name
ISLAND BREAKERS - A CONDOMINIUM, INC.



Principal Place of Business 150 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149	Mailing Address 150 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149
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3. Date Incorporated or Qualified 01/07/1971	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1312689		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent JANOFSKY, JUDY 150 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JANOFSKY, JUDY		1.2 NAME	
STREET ADDRESS 150 OCEAN LANE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP KEY BISCAIYNE FL		1.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FONTS, BERT		2.2 NAME	V. PRES/D RECKNOR, TERRI LYNN
STREET ADDRESS 150 OCEAN LANE DRIVE		2.3 STREET ADDRESS	150 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAIYNE FL		2.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SILVA, IGNACIO		3.2 NAME	SKITH, KAREN
STREET ADDRESS 150 OCEAN LANE DRIVE		3.3 STREET ADDRESS	150 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAIYNE FL		3.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRIDGEON, ALEIDA		4.2 NAME	
STREET ADDRESS 150 OCEAN LANE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP KEY BISCAIYNE FL 33149		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONSUEGRA, MIRIAM		5.2 NAME	
STREET ADDRESS 150 OCEAN LANE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP KEY BISCAIYNE FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RECKNOR, TERRI LYNN		6.2 NAME	D CORTINEZ, DOMINGO
STREET ADDRESS 150 OCEAN LANE DRIVE		6.3 STREET ADDRESS	150 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAIYNE FL		6.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149

14. I 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 attachment with an address.

SIGNATURE: Judy Janofsky Judy Janofsky 2/23/98 305 301-9104

CR2E037 (10/97)