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**CORPORATION
ANNUAL REPORT
1995**



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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 430706 (2)

1. Corporation Name

ISLAND RENOVATIONS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/17/1973** 3a. Date of Last Report **04/20/94**

Principal Place of Business Mailing Address
**1405 DUVAL STREET 1405 DUVAL STREET
KEY WEST, FL 33040 KEY WEST, FL 33040**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2049139	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28		
Zip	Country	7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSTROWICKI, GABRIELE 714 OLIVIA STREET KEY WEST, FL 33040	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 607.0502 and 607.1509, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Gabrielle Ostrowicki* **GABRIELE OSTROWICKI** 4-13-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERSON, WILIAM L	1.2 NAME	
STREET ADDRESS	24 HIBISCUS LANE	1.3 STREET ADDRESS	000001463250
CITY-ST-ZIP	SUGARLOAF SHORES, FL	1.4 CITY-ST-ZIP	-04/24/95--01056--010
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERSON, GAIL D	2.2 NAME	
STREET ADDRESS	24 HIBISCUS LANE	2.3 STREET ADDRESS	****200.00
CITY-ST-ZIP	SUGARLOAF SHORES, FL	2.4 CITY-ST-ZIP	****200.00
TITLE	V/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, ERWIN	3.2 NAME	
STREET ADDRESS	1800 ATLANTIC BLVD A402	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	3.4 CITY-ST-ZIP	
TITLE	S/D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORITZ, DIDIER R	4.2 NAME	
STREET ADDRESS	1800 ATLANTIC BLVD A402	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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: *William L. Everson* **WILLIAM L. EVERSON, PRESIDENT** APR 13 1995 (305) 294-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Place)