

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 630898

(5)

1. Corporation Name

ISLAMORADA CORP.

Principal Place of Business

M.M. 79.9 U.S. HWY 1
P. O. BOX 109
ISLAMORADA FL 33036

Mailing Address

M.M. 79.9 U.S. HWY 1
P. O. BOX 109
ISLAMORADA FL 33036

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GEHRKENS, PATRICIA
76241 US #1
P. O. BOX 109
ISLAMORADA FL 33036

81 Name

82 Street Address (If P. O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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, Sections 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-STATE-ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY-STATE-ZIP

9/T
CHERYL WILLIAMS
1206 SARATOGA LANE
KEY LARGO, FL 33037

SIGNATURE:

Cheryl Williams CHERYL WILLIAMS

4/3/96

(305) 664-8109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)