

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 713216 (0)

1. Corporation Name
THE ISLAND PLAYERS, INC.



Principal Place of Business: 10009 GULF DR CORNER PINE PO BOX 2059 ANNA MARIA FL 34216
Mailing Address: 10009 GULF DR CORNER PINE PO BOX 2059 ANNA MARIA FL 34216

3. Date Incorporated or Qualified: 08/18/1967
3a. Date of Last Report: 01/27/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1171146	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MCDOWELL, SAMUEL F.
309 SPRING AVE
ANNA MARIA FL 34216

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code

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: Samuel F. McDowell (NOTE: Registered Agent signature required when reinstating) DATE: 5/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD MCDOWELL, SAM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	309 SPRING AVE	1.2 NAME	
STREET ADDRESS	ANNA MARIA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD DAVIS, LINDA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	212 85 ST	2.2 NAME	
STREET ADDRESS	HOLMES BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD STEVENS, RUTH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3718 59TH STREET DRIVE	3.2 NAME	
STREET ADDRESS	BRADENTON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD EDER, DOROTHY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7409 7TH AVE W	4.2 NAME	
STREET ADDRESS	BRADENTON FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Samuel F. McDowell DATE: 5/1/96 941-728-2732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)