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FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G50697 (3)
1. Corporation Name
ISLAND INN SHORES, INC.



Principal Place of Business Mailing Address
902 E REYNOLDS ST.
P.O. BOX 1030
PLANT CITY FL 33566-3661
902 E REYNOLDS ST.
P.O. BOX 1030
PLANT CITY FL 33566-3661

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/20/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2305572	
24 Country		30 Country		Applied For	
				Not Applicable	
				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 owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

BROWNLEE, CARL
902 E. REYNOLDS ST.
PLANT CITY FL 33566

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	MICHAEL F. SMITH
NAME	MURPHY, WALTER	1.2 NAME	1901 COUNTRY CLUB BL
STREET ADDRESS	8500 SUNSET WAY #508	1.3 STREET ADDRESS	PLANT CITY, FLA 33567
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	
NAME	BROWNLEE, CARL R	2.2 NAME	
STREET ADDRESS	902 E REYNOLDS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	DT
NAME	MURPHY, WALTER	3.2 NAME	LACEY L. MCCLELLAN
STREET ADDRESS	8500 SUNSET WY 508	3.3 STREET ADDRESS	119 108TH AVE. Box 329
CITY-ST-ZIP	ST PETERSBURG BCH FL	3.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	DVP	4.1 TITLE	
NAME	MCCLELLAN, LACEY	4.2 NAME	
STREET ADDRESS	1903 W. REYNOLDS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable
CARL BROWNLEE 1-8-98

CR2E034 (10/97)