

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J00922 (1)

ISLE OF PALMS MANAGEMENT, INC.

Principal Place of Business

% MAUREEN HORNER DISCOSOLA
7400 46TH AVENUE NORTH
ST. PETERSBURG FL 33709

Mailing Address

% MAUREEN HORNER DISCOSOLA
7400 46TH AVENUE NORTH
ST. PETERSBURG FL 33709-2551

3. Date Incorporated or Qualified 02/21/1986	3n. Date of Last Report 01/23/1986
4. FEI Number 59-2652601	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2n. Mailing Address

21. Suite, Apt. # etc

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Name and Address of Current Registered Agent

29. Name and Address of Current Registered Agent

DISCOSOLA, MAUREEN HORNER
7400 46TH AVENUE NORTH
ST. PETERSBURG FL 33709

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 _____ DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONAL SHARES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONAL SHARES TO OFFICERS AND DIRECTORS IN 12
<p>0 PERKINS, DOROTHY F. 7400 46TH AVE. N., LOT 424 ST. PETERSBURG FL</p>	<p>11 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION</p> <p>12 NAME</p> <p>13 STREET ADDRESS</p> <p>14 CITY, ST-ZIP</p>
<p>PD DICOSOLA, MAUREEN H. 7400 46TH AVENUE N. ST. PETERSBURG FL</p>	<p>21 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION</p> <p>22 NAME</p> <p>23 STREET ADDRESS</p> <p>24 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p>31 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION</p> <p>32 NAME</p> <p>33 STREET ADDRESS</p> <p>34 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p>41 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION</p> <p>42 NAME</p> <p>43 STREET ADDRESS</p> <p>44 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p>51 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION</p> <p>52 NAME</p> <p>53 STREET ADDRESS</p> <p>54 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p>61 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION</p> <p>62 NAME</p> <p>63 STREET ADDRESS</p> <p>64 CITY-ST-ZIP</p>

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032(3)(i), Florida Statutes. I further certify that the information indicated on this filing 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 of the corporation; and that I 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: *Maureen Discosola*

CR2E034 (9/96)