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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

J16080

(U)

1. Corporation	TY ISLAND WAY, INC.	0 (0)				
Principal Place	of Business	Mailing Address				\$51 9;31 9 91 9 81 9;51 9 91 0 4 00
% R. KELLEY JOHNSON 18167 US HWY 19 N 660 CLEARWATER FL 34624		% R. KELLEY JOHNSON 18167 US HWY 19 N 660 CLEARWATER FL 34624				
US		U\$		3. Date Incorporated or Qualified 05/23/1986	3a. Date of Last Report 05/01/1995	
Principal Place of Business 21		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 59-2676382	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional	
22 City & State		City & State		6. Election Campaign Financing	Fee Required	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζφ 24	Country 25	Ζιρ 29	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No	
<u> </u>	9. Name and Address of Curren	,,			10. Name and Address of New R	egistered Agent
				31 Name		
	, JOHNSON R		ļ.	32 Street Add	iress (P.O. Box Number is Not Acceptab	lo)
	JS HWY 19 N		ļ.,	33		
660 CLEARY	VATER FL 34624			,		25 AS 7 MB 1818 1 27 1 7 W 1 17 A WEST OF AUGUST 1818 1818 1818 1819 1814 1814 1816 1817
OCEANI		1	34 City		FL 85 Zip Code	
or registere familiar with	ed agent, or both, in the State of Floric n, and accept the obligations of, Secti Synutrio, typed or pinted name of registered agent.	ila, Such change was author iz on 607.0505, Florida Statut es	ed by the co s.	prporation's bo	oration submits this statement for the pur and of directors. I hereby accept the appearance when reliscating!	DATE
12.			13.	-	ADDITIONS/CHANGES TO OFF	
TITLE	DS EZELL, NEIL	□ DELETE	1. 1 10			Change Addition
NAME STREET ADDRESS	40407-110-1-000-4-0-00		1.2 NAM	eet address		
CrTY - ST - ZIP	OLFARMATED FI			7 - \$1 - ZIP		
TITLE	VT DELETE 2.1		2. 1 (()			Change Addition
NAME			2.2 NAI	ME .		
STREET ADDRESS	18167 US HWY 19 N 660		2.3 STREET ADDRESS			
C-TY-ST-ZIP TITLE	PAN MANAGEMENT OF THE PARTY OF		2.4 CIT	r-ST-ZIP		Change Addition
NAME	IOUNGON BURLEY		3.2 NA	1		C orange C radiitori
STREET ADDRESS	40407 140 1888/ 40 14 000			REET ADDRESS		
C/TY+ST-ZIP	OLEANWATED EL		3.4 C(T	r-st-zip		
TITLE	Party for the party of the part		4. 1 711	LE		Change Addition
NAME			4.2 NAI			
STREET ADDRESS				EFT ADDRESS		
COY-ST-ZIP TITLE	The state of the s		4.4 CII 5. 1 TH	(-ST-7IP		Change Addition
NAME		L.	5.2 NA*		60000183	36166
STREET ADDRESS			1	EFT ADDRESS	-05/23/96010	011057
CITY - ST - ZIP			5.4 CIT	r-SF-ZIP	***208.75	
TITLE	DELETE 61		6 1 717	LE.		Change Addition
NAME			6.2 NA			ager
STREET ADDRESS				EET ADDRESS		616
CHY-ST-ZIP	Autoritation recommendation and recommendation of the contract			(-ST-ZIP	for the exemption stated in Section 110	07/3Vk) Florida Statutas Liurther

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 eath; 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96 813-530-5522

CR2E034 (12/95)