

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **K24418** (1)

95 APR -6 AM 10: 13

1. Corporation Name
ISLAMORADA RESORT, INC.

Principal Place of Business Mailing Address
**N.W. 82 BAYSIDE
8100 OVERSEAS HWY. SUITE 5
ISLAMORADA FL 33036
US** **PO BOX 869
8100 OVERSEAS HWY. SUITE 5
ISLAMORADA FL 33036
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/23/1988	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0056251	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution	<input type="checkbox"/>
24	25	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OTTO FITZDAM WAYNE 138 PLANTATION AVENUE SUITE 5 TAVERNIER FL 33070		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST OTTO-FITZDAM, WAYNE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	138 PLANTATION AVENUE	1.2 NAME	
STREET ADDRESS	TAVERNIER FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VPD JACOB, RICHARD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	81800 OVERSEAS HWY	2.2 NAME	
STREET ADDRESS	ISLAMORADA FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	PD KULISKY, FRANK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	81800 OVERSEAS HWY	3.2 NAME	
STREET ADDRESS	ISLAMORADA FL	3.3 STREET ADDRESS	1101 MASTIC / P.O. BOX 1287
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		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 110.07(3)(b), 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 and sent by me in person. 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 appropriate information.

SIGNATURE: **FRANK R. KULISKY, PRESIDENT** 3/20/95 664-100
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)