

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K24418** (1)

1. Corporation Name
ISLAMORADA RESORT, INC.



Principal Place of Business: **M.M. 82 BAYSIDE 89240 OVERSEAS HWY. SUITE 5 ISLAMORADA FL 33036 US**
Mailing Address: **POST OFFICE BOX 869 89240 OVERSEAS HWY. SUITE 5 ISLAMORADA FL 33036 US**

3. Date Incorporated or Out-of-State: **05/23/1988**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

4. FEI Number: **65-0056251**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OTTO FITZDAM WAYNE
138 PLANTATION AVENUE
TAVERNIER FL 33070**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 of the person who signed the filing on behalf of the corporation

Signature of the person who signed the filing on behalf of the registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME: ST OTTO-FITZDAM, WAYNE	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: 138 PLANTATION AVENUE TAVERNIER FL	
12.3 CITY, STATE, ZIP: VPD	<input type="checkbox"/> DELETE
12.4 NAME: JACOB, RICHARD	
12.5 STREET ADDRESS: 81800 OVERSEAS HWY ISLAMORADA FL	
12.6 CITY, STATE, ZIP: PD	<input type="checkbox"/> DELETE
12.7 NAME: KULISKY, FRANK	
12.8 STREET ADDRESS: 1101 MASTIC/POST OFFICE BOX 1287 ISLAMORADA FL	
12.9 CITY, STATE, ZIP: FL	<input type="checkbox"/> DELETE
12.10 NAME:	
12.11 STREET ADDRESS:	
12.12 CITY, STATE, ZIP:	<input type="checkbox"/> DELETE

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE:	
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE:	
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE:	
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(c), 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: *Wayne Otto Fitzdam* **Wayne Otto-Fitzdam 2/14/96** **3058523834**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)