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

CORPORATION ANNUAL REPORT



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

1996

K54090 **DOCUMENT #** 

(1)

ISLAND ESTATES REALTY, INC.

ABIBLII EBI ALINI	### <b>##</b> ###############################	ALBII AIBII BI	Mrs Malen Mraut char

Principal Place	of Business	Mailing Address							
% WILLIAM KING 110 ISLAND WAY ISLAND ESTATES CLEARWATER FL 34630		110 ISLAND	% WILLIAM KING 110 ISLAND WAY ISLAND ESTATES CLEARWATER FL 34630		3. Date Incorporated or Qualified	3a. Date of La			
						12/20/1988	02/07	7/1995	
2. Principal Pla	ce of Business	2a. Mailing Addi	ess			4. FEI Number		Applied For	
1 SAMIR AS ABOVE		26 S A	same		<b>59-2927682</b> Not Applicable				
Suite, Apt. #, etc		Suite, Apt. #	Suite, Apt. #, etc.		5. Certificate of Status Desired	7 -	.75 Additional ee Required		
City & State		Oty & State	Oty & State		6. Election Campaign Financing	_ \$!	5.00 May Be		
23		28			Trust Fund Contribution	∐ Ã	dded to Fees		
Zip	Country	Zip	Zip Country		8. This corporation has liability for i		ers 199.032,		
24	25	29	30			Florida Statutes Yes No			
	<ol><li>Name and Address of Cure</li></ol>	ent Registered Agent			10. Name and Address of New Registered Agent				
				81	Name				
KING, WILLIAM 110 ISLAND WAY ISLAND ESTATES					Street A	Address (P.O. Box Number is Not Acceptable)			
	WATER FL 34630								
					City	poration submits this statement for the pur	FL 85	Zip Code	
familiär wit SIGNATURE	h, and accept the obligations of, S	ection 607,0505, Florida granted their application	Statutes.			oard of directors. Thereby accept the appearance of directors of the appearance of t	1/g/9/9	6	
12.	OFFICERS /	AND DIRECTORS DE			г				
TITLE	HILLER, JOANNE M.	<b>6.</b> DC				PRES. HILLER, JOANNE	Ms	· —	
NAME	200 DOLPHIN POINT		1 2 NA		DORESS.			602	
STREET ADDRESS					DURESS	CLEARWATER, SEC. KING, WM. 4.110 ISLANDW CLEARWATER,	EL 34	630	
CITY-ST-ZIP	CLEARWATER FL	IT LES		IY-SI-	71F	CHARWAITE,	Cha	noe [7] Addition	
TITLE	·	1200	<b>■</b> -		1	FING, WM.	E 0	ngs	
NAME	KING, WILLIAM   240 WINDWARD PASSAG	25 #1201	B -	2.2 NAME 2.3 STREET ADDRESS %		& UDISGANDW	94		
STREET AODRESS	CLEARWATER FL	31C <sub>1</sub> 3F 13U 1		2.4 City - ST - ZIP		CLEANIATEA	A1.34	630	
CITY-ST-ZIP	CLEANWAIER FL	DE			ZP'	CILIA CONTRACT	Cha	nge 🗀 Addition	
TITLE			32 NA				_	, <u> </u>	
NAME					ADDRESS				
STREET ADDRESS				TY - ST	]				
CITY-ST-ZIP TITLE		DE			-ZIF		Cha	inge 🔲 Addition	
NAME		L.I ···	4 2 N/				_		
					DDRESS				
STREET ADDRESS				11 t - \$1					
CHY-ST-ZIP TITLE		DE					[ ] Cha	ange Addition	
NAME		L.,	5.2 N/				_	_	
					ODBESS				
STREET ADDRESS			1	ITY - ST					
CITY-ST-2IP					- 4.91		Cha	ange Addition	
			62 N		į		-	_	
NAME AVOICE LEADERS			· ·		ADDRESS :				
STREET ADDRESS			635	MECT A	ANDRESO				

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)(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 early, 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 13 if changed, or on an attachment with an address.

SIGNATURE

SUNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/94 813446-2657

CR2E034 (12/95)