

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

**FILED**  
**Mar 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # K54090 (1)**

1. Corporation Name  
**ISLAND ESTATES REALTY, INC.**



Principal Place of Business      Mailing Address  
**% WILLIAM KING**  
**110 ISLAND WAY ISLAND ESTATES**  
**CLEARWATER FL 34630**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/20/1988**      **04/16/1996**

2. Principal Place of Business      2a. Mailing Address  
 21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

4. FEI Number      Applied For  
**59-2927682**      Not Applicable

22 City & State      27 City & State

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

23 Zip      Country      28 Zip      Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

24 Zip      25 Country      29 Zip      30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KING, WILLIAM**  
**110 ISLAND WAY ISLAND ESTATES**  
**CLEARWATER FL 34630**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      **FL**      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      Signature, typed or printed name of registered agent and fee, if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HILLER, JOANNE M.</b>	
STREET ADDRESS	<b>700 ISLAND WAY STE 602</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>KING, WILLIAM</b>	
STREET ADDRESS	<b>110 ISLAND WAY</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William J. King*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25 90 813-446-2650  
 Date      Daytime Phone #

CR2E034 (9/96)