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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K91652

(3)

ISLANDS REALTY, INC.

FILED
Jan 29 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address							- I sammin Mid sasar mille asten assid ines anale aser) and i dibre erall dible indr				
% MICHAEL SHEVLIN 4130 PINE ISLAND RD/P O BOX 488 MATLACHA FL 33993			PO BOX 488 4130 PINE ISLAND RD/P O BOX 488 MATLACHA FL 33993			DO NOT WRITE IN THIS SPACE					
US							3. Date incorporated or Qualified 05/30/1989				
2. Principal Place of Business			2a. Mailing Address				4.			Applied For	
21			26				<u> </u>	<u>65-0146986</u>		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$	8.75 Additional Fee Required	
City & State			City & State				6.	Election Campaign Financing		\$5.00 May Be	
23			28			ļ	Trust Fund Contribution		Added to Fees		
)	Country 25	29	Zip		untry		8.	•	ne current		
25 29 30					7	10. Name and Address of New Registered Agent					
•					81	Name					
MATLACHA FL 33909						Street Addre	treet Address (P.Ö. Box Number is Not Acceptable)				
					83						
					84	City			FI 8	5 Zip Code	
	CHAEL SHEVLIN PINE ISLAND RD/P (ACHA FL 33993 Incipal Place of Busin ite, Apt. #, etc. y & State 9. Name SHEVLIN, MIC 4130 PINE ISL	CHAEL SHEVLIN PINE ISLAND RD/P O BOX 488 ACHA FL 33993 Incipal Place of Business Ite, Apt. #, etc. y & State Country 25 9. Name and Address of Current SHEVLIN, MICHAEL 4130 PINE ISLAND RD	CHAEL SHEVLIN PINE ISLAND RD/P O BOX 488 ACHA FL 33993 Incipal Place of Business 2a 2b ite, Apt. #, etc. 27 y & State 28 Country 25 9. Name and Address of Current Regist SHEVLIN, MICHAEL 4130 PINE ISLAND RD	CHAEL SHEVLIN PINE ISLAND RD/P O BOX 488 ACHA FL 33993 US PO BOX 488 4130 PINE ISLAND RD/P MATLACHA FL 33993 US Ca. Mailing Address 26 Suite, Apt. #, etc. 27 Y & State City & State 28 Country 25 29 9. Name and Address of Current Registered Agent SHEVLIN, MICHAEL 4130 PINE ISLAND RD	CHAEL SHEVLIN PINE ISLAND RD/P O BOX 488 ACHA FL 33993 US PO BOX 488 4130 PINE ISLAND RD/P O BOX MATLACHA FL 33993 US Prolipal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 27 y & State City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent SHEVLIN, MICHAEL 4130 PINE ISLAND RD	CHAEL SHEVLIN PINE ISLAND RD/P O BOX 488 ACHA FL 33993 ACHA FL 33993 ACHA FL 33993 ACHA FL 33993 British Apt. #, etc. City & State Country 25 9. Name and Address of Current Registered Agent SHEVLIN, MICHAEL 4130 PINE ISLAND RD MATLACHA FL 33909 83 BOX 488 4130 PINE ISLAND RD ACHA FL 33993 US PO BOX 488 4130 PINE ISLAND RD 84 85 86 86 87 88 88 BOX 488 4130 PINE ISLAND RD 88 88 BOX 488 ATLACHA FL 33993 BOX 488 4130 PINE ISLAND RD 88 88 BOX 488 ATLACHA FL 33993 BOX 488 4130 PINE ISLAND RD 88 88 BOX 488 ATLACHA FL 33993 BOX 488 4130 PINE ISLAND RD 88 BOX 488 ATLACHA FL 33993 BOX 488 BO	CHAEL SHEVLIN PINE ISLAND RD/P O BOX 488 4130 PINE ISLAND RD/P O BOX 488 ACHA FL 33993 US ACHA FL 339	CHAEL SHEVLIN PINE ISLAND RD/P O BOX 488 ACHA FL 33993 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State City & State Country 25 29 30 9. Name and Address of Current Registered Agent SHEVLIN, MICHAEL 4130 PINE ISLAND RD MATLACHA FL 33909 81 Name 82 Street Address (F	Mailing Address CHAEL SHEVLIN PO BOX 488 PINE ISLAND RD/P O BOX 488 ACHA FL 33993 US DO NOT WRITE IN 3. Date Incorporated or Qualified 05/30/1989 notpal Ptace of Business Za. Mailing Address Z6 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Z3 Suite, Apt. # Country Zip Suite, Apt. # Country Zip Suite, Apt. # Country Signature of Status Desired Personal Property Tax due June 30. SHEVLIN, MICHAEL 4130 PINE ISLAND RD MATLACHA FL 33909 Mailing Address A	Mailing Address CHAEL SHEVLIN PO BOX 488 ACHA FL 33993 US 3. Date Incorporated or Qualified 05/30/1989 Incipal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Certificate of Status Desired 2c. Certificate of Stat	

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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TITLE TITLE SHEVLIN, MICHAEL H. NAME 1.2 NAME 13921 ROBERTS ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOKEELIA FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE SHEVLIN, JOAN L. NAME 2.2 NAME 13921 ROBERTS ROAD STREET ADDRESS 2.3 STREET ADDRESS **BOKEELIA FL** 2. 4 CiTY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 City-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-7IP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 spit or supplemental annual spit or the received 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 received an incisive entitowered 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 attic production in additions.

SIGNATURE:

GNWVXV:LQUIRED

1/20/98

(941)283-1100

(2E034 (10/97)