

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JUN 13 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L91997** (1)
1. Corporation Name
ISLAND VIEW ENTERPRISES, INC.

Principal Place of Business Mailing Address
**201 FIFTH STREET
POST OFFICE BOX 709
CARRABELLE FL 32322**



| | | | | | | | |
|--------------------------------|--|-----------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 Suite, Apt #, etc. | | 26 Suite, Apt #, etc. | | 07/05/1990 | | 10/11/1995 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | | Applied For | |
| 23 Zip | | 28 Zip | | 59-3035949 | | Not Applicable | |
| 24 Country | | 29 Country | | 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MOVAK, TOM 5524 MOSSY TOP WAY TALLAHASSEE FL 32303 | | | | 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 then it applies

(NOTE: Registered Agent Signature required when reinstating)

(DATE)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|---------------------------------|----------------------|--|--|---|--|--|--|
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | DPT | | | 11 TITLE | | | |
| NAME | CARROLL, MAXIE | | | 12 NAME | | | |
| STREET ADDRESS | #1 ADAMS ST. | | | 13 STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32328 | | | 14 CITY-ST-ZIP | | | |
| TITLE | DVS | | | 21 TITLE | | | |
| NAME | MOLSBE, BRENDA M | | | 22 NAME | | | |
| STREET ADDRESS | P. O. BOX 615 N/A | | | 23 STREET ADDRESS | | | |
| CITY-ST-ZIP | EASTPOINT FL 32328 | | | 24 CITY-ST-ZIP | | | |
| TITLE | | | | 31 TITLE | | | |
| NAME | | | | 32 NAME | | | |
| STREET ADDRESS | | | | 33 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 34 CITY-ST-ZIP | | | |
| TITLE | | | | 41 TITLE | | | |
| NAME | | | | 42 NAME | | | |
| STREET ADDRESS | | | | 43 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 44 CITY-ST-ZIP | | | |
| TITLE | | | | 51 TITLE | | | |
| NAME | | | | 52 NAME | | | |
| STREET ADDRESS | | | | 53 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 54 CITY-ST-ZIP | | | |
| TITLE | | | | 61 TITLE | | | |
| NAME | | | | 62 NAME | | | |
| STREET ADDRESS | | | | 63 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 64 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 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brenda M. Molsbe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96

697-2836

CR2E034 (3/96)