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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M68428

(5)

ISLAND COVE DEVELOPMENT, INC.

FILED Apr 11 1997 8:00am Secretary of State



Phnopal Place	of Business	Mailing Address	Mailing Address						
% ALEXANDER H. BOBINSKI 1351 N. COURTENAY PKWY. SUITE AA MERRITT ISLAND FL 32053-1464		1351 N. COURTENAY PI	% ALEXANDER H. BOBINSKI 1351 N. COURTENAY PKWY. SUITE AA MERRITT ISLAND FL 32853-4406			3. Date Incorporated or Qualified	3a. Dat	e of Last F	Report
						02/16/1988 04/19/1996			
2. Principal Pla	ace of Business	2a. Mailing Address		·····		4. FEI Number	1		polied For
21		26				59-2906982	06982 Not Applicable		
Suite Apt i	#. etc	Suite, Apt. #, etc.	and the same of th			5. Certificate of Status Desired S8.75 Additional			
22		27	27			5. Certificate of Status Desired		Fee R	tequired
City & State		City & State	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z(p)	25 29 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes V No					
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered A	gent	
BOB	inski, alexander H.			81	Name				
	i n. Courtenay PKWY. Te aa				Street Ad	ress (P.O. Box Number is Not Acceptable)			
	RITT ISLAND FL 32953			83					
********				84	City		FL	<b>85</b> Zip	Code
office or re agent. Lar SIGNATURE	egistered agent, or both, in the St in familiar with, and accept the ob	ate of Florida. Such change wa digations of, Section 607.0505,	is authorize Florida Stat	d by lutes	the corporation	orporation submits this statement for the praction's board of directors. I hereby accept	ot the appo	intment as	s registered
	signature, type for project name of registered		IOIL Registered	d Age	ent signature rei	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PEDG AND	DIRECTO	DC IN 12
12.	DPT OFFICE HS I	AND DIRECTORS  DELETE		1.1 TITLE		ADDITIONS/OFFANGES TO OFFIC		Change	Addition
TITLE NAME	namian timittain			1.2 NAME					
STREET ADDRESS	1351 N COURTENAY PKWY	/ AA			ADDRESS				
	MERRITT ISLAND FL	1 141							
CITY - ST - ZIP TITLE	SD DELETE			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
NAME	BOBINSKI, C. JEAN			2.2 NAME				_ •	<del></del>
STREET ADDRESS	1351 NCOURTENAY PKWY	AA	l l		ADDRESS				
CHTY: ST-Z0F	MERRITT ISLAND FL				ST-ZIP				
TI'LE		DELETE	3.1 T)		01 211			Change	Addition
NAME			32 N	AME	· [				
STREET ADDRESS			335	TAEET	ADDRESS				
CITY 51-ZP			3.4. 0	OTY-S	ST-ZIP				
THE		DELETE	4.1 TI	ITLE		***************************************		Change	Addition
NAME			4 2 N	IAME					
STREET ADORECTS			4.3 S	TREET	ADDRESS				
CITY - ST - ZIP			4.4 C	ITY-S	ST-ZIP				
TITLE		DELETE	5.1 TI	ITLE				Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREET	r adoress				
CHY - \$1 - 70°		AA - MAAAAAAAA AAAA WAAAAAAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAA	5.4 C	ITY-S	ST-ZIP				·······
TIFLE		DELETE	6.1 To	TLE				Change	Addition
NAM:			6.2 N	AME					
STREET ADDRESS			6.3 S	TAFET	T ADDRESS				
(11Y - \$1 - 7IP			6.4 C	ITY-S	ST-21P	<u> </u>			
	by certify that the information sum	block with this filling closs not au				ted in Section 119.07(3)(i). Florida Statute	s. I further	certify tha	at the

Two narrady actions and interminant supplied with this ming does not quality for the exemption stated in Section 119.07(3)(t), 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 of the repower or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 19 or 19 it is changed for on all alterbasion with an address.

SIGNATURE

F SIGNING OFFICER OR DIRECTOR

407-452-455.