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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

M68428

(5)

ISLAND COVE DEVELOPMENT, INC.

FILED	
Apr 28 1998 8:00an	1
Secretary of State	



Principal Place of Business Mailing Address						I APORODII RAD BRIDI IDRIA DIDID 1000			OLI BIBILIDƏL
1351 N. COURTENAY PKWY. SUITE AA 1351 N. COURTENAY PKWY. MERRITT ISLAND FL 32953-1464 MERRITT ISLAND FL 32953-14				٩A					
					_	DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 02/16/1988 			
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21 26						59-2906982		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional
22 27						D. Commond of Grands Decorde			equired
City & State	City & State	State			6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	y		 This corporation owes or has p Personal Property Tax due Jun 			tangible No
24	25 Name and Address of Curren		0			10. Name and Address of New R			3 140
- 00		t trogistoroo Agoitt	81	ΤN	lame	io.	- 3		
	BINSKI, ALEXANDER H.							_	
	51 N. COURTENAY PKWY.		82	: Si	treet Address	s (P.O. Box Number is Not Accepta	ible)		
	itté aa Frrit Island FL 32953		83	 					
MC	HINT ISLAND PL 32833								
			84	C	City		FL	85 Zip	Code
11 Pursuant t	to the provisions of Sections 607,050	2 and 607,1508. Florida Statutes	the abov	e-na	amed corpora	ation submits this statement for the	nurnose o	changing i	ts registered
I office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	thorized b	y the	e corporation	i's board of directors. I hereby acc	ept the app	ointment as	registered
	or termial with and accept the oringe	mons of, accion our coos, rion	va platute	.3.					
SIGNATURE	Signature typed or printed name of registered age	ent and trile it applicable (NOTE:	Registered Ag	ont si	ignature required v	when reinstating)	DATE		
12,	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	DPT	☐ DELETE	1.1 TITLE					Change	Addition
NAME	Bobinski, alexander H.		1.2 NAME						
			1.3 STREE	1.3 STREET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY - 1	ST - ZI	IP			— ·	
TITLE	\$D	L_] DELETE	2.1 TITLE					L Change	L.j Addition
NAME	BOBINSKI, C. JEAN		2.2 NAME						
STREET ADDRESS	1351 NCOURTENAY PKWY A	W	2.3 STREE						
CITY-ST-ZIP	-MERRITT ISLAND FL	Distre	2. 4 CITY -	ST-2	1P			Change	Addition
TITLE		☐ DELETE	3.1 TITLE					- Change	C VOOIIION
NAME			3.2 NAME	r 100	DDCC0				
STREET ADDRESS			3 3 STREE						
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TUTLE	21.7	.ir			Change	Addition
NAME		C) better	4.1 IVEL						
STREET ADDRESS			4.3 STREE		ORESS				
CITY-ST-ZIP			4.4 CITY-:						
TITLE	•	DELETE	5.1 TITLE	<u> </u>				Change	Addition
NAME		_	5.2 NAME						
STREET ADDRESS			5.3 STREE		DRESS				
CITY-ST-ZIP			5.4 CITY-		!				
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADD	ORESS				
CITY-ST-ZIP			6.4 CITY-						
	certify that the information supplied w	ith this filing does not qualify for				ection 119.07(3)(i), Florida Statutes	I further co	ertify that the	e information

I 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 upport 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 receiver or fusion employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed poor an attachment with an address.

4/22/95

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