

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37948 (9)
1. Corporation Name
HIBISCUS ISLAND MAINTENANCE ASSOCIATION, INC.

Principal Place of Business Mailing Address
1067 SHOTGUN RD SUNRISE FL 33326 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0164753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**SKRLD INC
201 ALHAMBRA CIR
#1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]* DATE **4-11-95**

12. OFFICERS AND DIRECTORS

TITLE	DX D
NAME	ISMAL, SADRUDIN
STREET ADDRESS	1410 SEABAY RD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	RD
NAME	NOONE, MIKE
STREET ADDRESS	1830 SEABAY RD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SKX VPD
NAME	PLATTS, MARGE
STREET ADDRESS	1260 BAYVIEW CIR.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D P
NAME	MCKINNEY, JANET
STREET ADDRESS	1370 SEABAY
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VP
NAME	BLAND, THEO
STREET ADDRESS	1830 SEABAY RD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Morris, Kenneth	
1.3 STREET ADDRESS	1340 Seabay Road	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Newett, Tami	
2.3 STREET ADDRESS	1380 Seabay Road	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *[Signature]* DATE **4/11/95**