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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 1067 SHOTGUN RD, SUNRISE FL 33326, US
Mailing Address: 1067 SHOTGUN ROAD, SUNRISE FL 33326-1911, US

3. Date Incorporated or Qualified: 05/02/1990
3a. Date of Last Report: 02/26/1996
4. FEI Number: 65-0164753
Applied For: Not Applicable
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 [] No

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

9. Name and Address of Current Registered Agent
ROSEN, ROSEN & KREILI
1625-N COMMERCE PKWY
STE 225
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] 1/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: STD [] DELETE
NAME: ISMAIL, SADRU DIN
STREET ADDRESS: 1410- SEABAY RD
CITY-ST-ZIP: FT. LAUDERDALE FL
TITLE: VPD [] DELETE
NAME: PLATTS, MARGE
STREET ADDRESS: 1260 BAYVIEW CIR.
CITY-ST-ZIP: FT. LAUDERDALE FL
TITLE: PD [] DELETE
NAME: NEWETT, TAMI
STREET ADDRESS: 1380 SEABAY RD
CITY-ST-ZIP: FT. LAUDERDALE FL
TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME: D
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE: Pres [] Change [] Addition
4.2 NAME: Mitch Murthey
4.3 STREET ADDRESS: 1244- Bayview Rd
4.4 CITY-ST-ZIP: Ft. Lauderdale
5.1 TITLE: S/T [] Change [] Addition
5.2 NAME: Dick Martin
5.3 STREET ADDRESS: 1430 - Seabay Rd
5.4 CITY-ST-ZIP: Ft. Lauderdale
6.1 TITLE [] Change [] 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 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 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] 1-13-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037387

CR2E037 (9/96)