

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40779** (3)  
1. Corporation Name  
**COALITION FOR WILDERNESS ISLANDS, INC.**



Principal Place of Business <b>625 WHISPERING PINES RD BOYNTON BEACH FL 33426 US</b>	Mailing Address <b>4765 NW 6TH CT DELRAY BEACH FL 33445-2110 US</b>
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3. Date Incorporated or Qualified <b>11/08/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0230090</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>ALAN K. PARMALES 4765 NW 6TH CT DELRAY BEACH FL 33445</b>	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
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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: *Alan K. Parmales* DATE: 2/24/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CICHOCKI, FRED</b>	1.2 NAME	
STREET ADDRESS	<b>750 NW 6TH DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IVERSON, GRACE</b>	2.2 NAME	
STREET ADDRESS	<b>9555 PALMETTO PARK ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARMALEE, ALAN</b>	3.2 NAME	
STREET ADDRESS	<b>4765 N.W. 6TH COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSI, STELLA</b>	4.2 NAME	
STREET ADDRESS	<b>625 WHISPERING PINES RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Alan K. Parmales* DATE: 2/24/97 561/498-0996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0043250

CR2E037 (9/96)