

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
4/23

REGISTRATION
ANNUAL FILING
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
200 North Florida Avenue
Tallahassee, Florida 32301-2400

DOCUMENT # **P93000077590 (6)**

ISLAND CANVAS PRODUCTS, INC.

06/24/1994
11/08/1993
65-0445242

Principal Office: 5348 A GULF DRIVE NO HOLMES BEACH FL 34217
Mailing Address: 5348 A GULF DRIVE NO HOLMES BEACH FL 34217

21	22	23	24	25	26	27	28	29	30	3. Date of Incorporation/Reincorporation 11/08/1993	3a. Date of Last Report 06/24/1994	4. FEI Number 65-0445242	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financials Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation is not making the mandatory tax election of 1994 under Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOWARTH, DAVID J 206 W PEACOCK LANE HOLMES BEACH FL 34217				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0102 and 607.1501, 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. Any 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 sections 607.0102 and 607.1501, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (P. 12)	
NAME	P HOWARTH, DAVID J. 206 PEACOCK LN., W HOLMES BCH. FL	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP HOWARTH, JAMES E 209 PEACOCK LN HOLMES BCH. FL	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HOWARTH, SUSAN L 209 PEACOCK LN. HOLMES BCH. FL	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption states for section 607.0102, Florida Statutes. I further certify that the information included in this filing is subject to supplemental annual reports to the state and that my signature is at least the same as published in the Florida public utility. That reports are filed on a regular basis at the residence of the person(s) named herein for the purpose of this report as required by Florida Statutes, and that my signature appears in Block 13 of this filing. I hereby certify that I am an attorney with an address:

SIGNATURE: David J. Howarth - President 4/28/95 813-778-3121