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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000074539 (5)

ISLAND CITY REALTY, INC.

STREET ADDRESS CITY-ST-ZIP

Principal Place 2051 WILTON WILTON MANK	g Address Vilton dr., Suiti N Manors FL 33									
							3. Date Incorporated or Qualified 10/05/1994		ate of Last F 29/1996	Report
2. Principal P	Place of Business	2a. Ma	iling Address				4. FEI Number	<u> </u>	A	pplied For
21		26					65-0526704	···		lot Applicable
Sulte, Apt.	#, etc.	<u> </u>	ite. Apt. #, etc.				5. Certificate of Status Desired			Additional Required
22 City & Stat		27	y & State				• Floring Committee Financial			
23	le .	28	y or States				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Ζ φ		Cour	ntrv	······································	8. This corporation has fiability for			
24	25	29		30	,			Yes [3. 189.032.
541	9. Name and Address of Cur		d Agent	1001	*****		10. Name and Address of New R			
205	GYROS, PATRICIA L 11 WILTON DR., SUITE C TON MANORS FL 33305			81 82 83	Name Street Add	ress (P.O. Box Number is Not Acceptable)				
				Ī	B4	City		EI	85 Zip	Code
agent. I a SIGNATURE.	am familiar with, and accept the ob	ligations of, Se	ction 607.Ō505, F	Torida Statu	utes	S.	poration submits this statement for the alion's board of directors. I hereby accounted when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
TITLE	D		☐ DELETE		1.1 101LE				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ARGYROS, PATRICIA L 208 NE 22ND ST WILTON MANORS FL 33305	;		1.2 NA 1.3 STI 1.4 CIT	REET	I ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGYROS, JAMES R 206 NE 22ND ST WILTON MANORS FL 33303		DELETE		ME Ree 1	I ADDRESS S1-ZIP			Change	☐ Addition
TITLE NAME			☐ DELETE	3 1 1 IT 3.2 NA	LF	01 20			Change	Addition
STREET ADDRESS				3.3 \$11	REET	ADDRESS				
CITY-ST-ZIP	<u>.</u>					S1-ZIP				
TITLE			DELFTE"	4.1 7(1					L Change	Addition
NAME				4. 2 N/						
STREET ADDRESS]					ADDRESS				
CITY-ST-ZIP			1 65 55	4.4 011		51-7IP				a dane
TITLE			☐ DEFELE	5.1 TIT					Change	Addition
NAME				5.2 NA						
STREET ADDRESS				5.3 S1	REET	ADDRESS				
CITY-ST-ZIP				5.4 CI1		61 - 71P				
TITLE			☐ DELETE	6.1 111					L Change	Addition
NAME	1			6.2 NA	ME	- 1				

14. Ido hereby certify that the information surplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this argual report or supplemental angual 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on an attachnor with an address.

FILED

Jun 17 1997 8:00am

Secretary of State