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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000007247 (6)**

1. Corporation Name
ISLAND VENTURE PARTNERS, INC.



Principal Place of Business 695 TARPON BAY ROAD SUITE 7 SANIBEL ISLAND FL 33957	Mailing Address POST OFFICE BOX 718 SANIBEL ISLAND FL 33957-0718
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1995	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0553759		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
24		25		29	
24		25		29	

9. Name and Address of Current Registered Agent ARMENIA, JOHN 695 TARPON BAY ROAD SUITE 7 SANIBEL ISLAND FL 33957		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		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	S
NAME	ARMENIA, LUCY	1.2 NAME	ARMENIA, LUCY
STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7	1.3 STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	1.4 CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE		2.1 TITLE	PD
NAME		2.2 NAME	WILDMAN, DONALD
STREET ADDRESS		2.3 STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE		3.1 TITLE	VD
NAME		3.2 NAME	ARMENIA, JOHN
STREET ADDRESS		3.3 STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE		4.1 TITLE	VD
NAME		4.2 NAME	GIOVANNETTI, PAUL
STREET ADDRESS		4.3 STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **LUCY ARMENIA** 3/24/97 941-395-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)