


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

FILED
Apr 24 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 # P96000007172 (5)

1. Corporation Name:
ISLAND FLORIDA REALTY, INC.



Principal Place of Business 1330 OCEAN DRIVE 4TH FLOOR MIAMI BEACH FL 33139	Mailing Address 1330 OCEAN DRIVE 4TH FLOOR MIAMI BEACH FL 33139-4256
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3. Date Incorporated or Qualified 01/23/1996	3a. Date of Last Report
4. FEI Number 65-0643368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 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	
TITLE	<input type="checkbox"/> DELETE
NAME	D HART, SUSAN W
STREET ADDRESS	1330 OCEAN DRIVE, 4TH FLOOR
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	<input type="checkbox"/> DELETE
NAME	D MESTEL, LAWRENCE
STREET ADDRESS	825 8TH AVENUE - 24TH FLOOR
CITY-ST-ZIP	NEW YORK NY 10019
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIRECTOR / PRESIDENT
1.3 STREET ADDRESS	SUSAN W. HART
1.4 CITY-ST-ZIP	825 676 11TH AVE. 24th FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NEW YORK, NY 10019
2.3 STREET ADDRESS	DIRECTOR / VICE PRES.
2.4 CITY-ST-ZIP	LAWRENCE MESTEL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	825 676 11TH AVE 24th FL NY NY
3.3 STREET ADDRESS	VICE PRESIDENT
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	JAMES LLOYD
4.2 NAME	825 676 11TH AVE. 24th FL
4.3 STREET ADDRESS	NEW YORK, NY 10019
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	SECRETARY / TREASURER
5.2 NAME	MEG FRIEDMAN
5.3 STREET ADDRESS	825 676 11TH AVENUE 24th FL
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NEW YORK, NY 10019
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Meg Friedman 4/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0191453

CR2E034 (9/96)