

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # V04708 (6)

95 JUN 30 AM 9:58

1. Corporation Name
ISLAND ADVERTISING & PRINTING, INC.

Principal Place of Business Mailing Address
**3722 ROOSEVELT BLVD. 3722 ROOSEVELT BLVD.
KEY WEST FL 33040 KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1991	3a. Date of Last Report 06/28/1994
21. State, Apt #, etc.	26. State, Apt #, etc.	4. FEI NUMBER 65-0307138		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. Zip	6. Extension of Payment (Fees only) <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. County	30. County	7. This corporation has liability for enforcement for violation of 1993 CSR Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOYLE, HAROLD X 3722 N ROOSEVELT BLVD KEY WEST FL 33040				81. Name	O'BOYLE, HAROLD X		
				82. Current Florida ID # (Box Number is Not Acceptable)			
				83.			
				84. Zip	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.1402 and 607.1403, 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 hereby waiving any and all exceptions of Section 607.08(5), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS	Change	Resign
NAME: O'BOYLE, SALLY SCOTT STREET ADDRESS: 113 HARBOR SHORES CITY: KEY WEST FL	NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: O'BOYLE, HAROLD X STREET ADDRESS: 113 HARBOR SHORES CITY: KEY WEST FL	NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information furnished with this filing is a verbatim transcript and does not comply with the exceptions stated in Sections 119.07, (a)(1), Florida Statutes. I further certify that the information submitted 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 in the State of Florida. 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 13 of this report. I am a resident of the State of Florida with an address _____

SIGNATURE: HAROLD X. O'BOYLE 6/29/95 3052904803

CR2E034 (3/95)