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May 28 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # V59673 (6)

1. Corporation Name
GRAND ISLE REALTY SERVICES, INC.

Principal Place of Business

**8095 NAVARRE PKWY
NAVARRE FL 32566
US**

Mailing Address

**8095 NAVARRE PKWY
NAVARRE FL 32566-7551
US**



2. Principal Place of Business

21 **9212-D NAVARRE PKWY**

2a. Mailing Address

26 **9212-D NAVARRE PKWY**

Suite, Apt. #, etc.

22 **NAVARRE FLORIDA**

Suite, Apt. #, etc.

27 **NAVARRE FLORIDA**

City & State

23 **NAVARRE FLORIDA**

City & State

28 **NAVARRE FLORIDA**

Zip

24 **32566**

Country

25 **U.S.A.**

Zip

29 **32566**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**BARIL, SHARON I
7057 SUMMIT DRIVE
NAVARRE FL 32566**

10. Name and Address of New Registered Agent

81 Name **BARIL SHARON I.**
82 Street Address (P.O. Box Number is Not Acceptable)
6744 LIBERTY ST.
83 **NAVARRE FLORIDA**
84 City **FL** 85 Zip Code **32566**

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

Sign or type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	BARIL, SHARON I	
STREET ADDRESS	7057 SUMMIT DRIVE	
CITY-ST-ZIP	NAVARRE FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARIL SHARON I.	
1.3 STREET ADDRESS	6744 LIBERTY ST.	
1.4 CITY-ST-ZIP	NAVARRE FL. 32566	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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:

Sharon I. Baril
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 20, 1997 904-939-0300
Daytime Phone #

CR2E034 (9/96)