

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Wanda B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # 720000 (9)

55 MAY - 1 7 11 0:56

ISLAND BREAKERS - A CONDOMINIUM, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 150 OCEAN LANE DRIVE, KEY BISCAIYNE FL 33149  
 Mailing Address: 150 OCEAN LANE DRIVE, KEY BISCAIYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 01/07/1971  
 3a. Date of Last Report: 05/27/1994  
 4. FEI Number: 59-1312689  
 Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
 JANOFSKY, JUDY  
 150 OCEAN LANE DRIVE  
 KEY BISCAIYNE FL 33149

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: *Judy Janofsky* 4/10/95

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	*MCSWEENEY, BETTY
STREET ADDRESS	150 OCEAN LANE DRIVE
CITY, ST, ZIP	KEY BISCAIYNE FL 33149
TITLE	VPD
NAME	BURNS, SUE
STREET ADDRESS	150 OCEAN LANE DRIVE
CITY, ST, ZIP	KEY BISCAIYNE FL 33149
TITLE	TD
NAME	JANOFSKY, JUDY
STREET ADDRESS	150 OCEAN LANE DRIVE
CITY, ST, ZIP	KEY BISCAIYNE FL 33149
TITLE	SD
NAME	PRIDGEON, ALEIDA
STREET ADDRESS	150 OCEAN LANE DRIVE
CITY, ST, ZIP	KEY BISCAIYNE FL 33149
TITLE	D
NAME	KENNEDY, TOM
STREET ADDRESS	150 OCEAN LANE DRIVE
CITY, ST, ZIP	KEY BISCAIYNE FL 33149
TITLE	D
NAME	KIPFER, MARGRIT
STREET ADDRESS	150 OCEAN LANE DRIVE
CITY, ST, ZIP	KEY BISCAIYNE FL 33149

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judy Janofsky* 4/10/95