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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720013

1. Corporation Name
ISLAND CLUB FOUR, INC.

Principal Place of Business 777 SOUTH FEDERAL HWY NECTARINE BLDG 4TH FLOOR OFFICE POMPANO BEACH FL 33062 US	Mailing Address 777 S FEDERAL HWY NECTARINE BLDG 4TH FLOOR POMPANO BEACH FL 33062 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/08/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1608556
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SHERMAN & SHERMAN ACCOUNTING 4500 N STATE ROAD 7 SUITE 101 FT. LAUDERDALE FL 33319	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIBILIA, EMILIO J 777 S FEDERAL HWY., UNIT #M301 POMPANO BEACH FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Sussman, Jerome 777 S. Federal Hwy. Unit #N102 Pompano Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLANAGAN, MARY T. 777 S FEDERAL HWY., UNIT #N202 POMPANO BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Jourdain, Edmund 777 S. Federal Hwy. #0206 Pompano Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANDALL, SYLVIA 777 S. FEDERAL HIGHWAY POMPANO BEACH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Bateman, Kenneth 777 S. Federal Hwy. #N309 Pompano Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, JOSEPH 777 S FEDERAL HWY., UNIT #O305 POMPANO BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Bosco, Frank 777 S. Federal Hwy . 0402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARSUMIAN, CRAIG 777 S. FEDERAL HWY, UNIT N-104 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Salvati, Sam 777 S. Federal Hwy 0106 Pompano Beach, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1-8-99 954-782-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #