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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 # 720016

1. Corporation Name
ISLAND CLUB TWO, INC.

Principal Place of Business 777 SOUTH FEDERAL HIGHWAY ROYAL PALM BLDG. POMPANO BEACH FL 33062	Mailing Address 777 SOUTH FEDERAL HIGHWAY ROYAL PALM BLDG. POMPANO BEACH FL 33062
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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 59-1399721
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		10. Name and Address of New Registered Agent	
WILLIAMS, MARION 777 S. FEDERAL HIGHWAY POMPANO BEACH, FL POMPANO BEACH FL 33062		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 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: MARION WILLIAMS *Marion Williams* DATE: 1/7/99

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 D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINK, GERI		1.2 NAME ROSE, WALTER	
STREET ADDRESS 777 S FEDERAL HWY #703RP		1.3 STREET ADDRESS 777S. FEDERAL HWY #810	
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY-ST-ZIP POMPANO BEACH, FLA. 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHIAVONE, SHIRLEY		2.2 NAME GALLAGHER, RITA	
STREET ADDRESS 777 S FEDERAL HWY #303 RP		2.3 STREET ADDRESS 777 S. FEDERAL HIGHWAY #203	
CITY-ST-ZIP POMPANO BEACH FL		2.4 CITY-ST-ZIP POMPANO BEACH, FLA. 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP	<input type="checkbox"/> DELETE	3.1 TITLE DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAPSANIS, TINA		3.2 NAME TAYLOR, SCOTT	
STREET ADDRESS 777 S FEDERAL HWY #910RP		3.3 STREET ADDRESS 777 S. FEDERAL HWY #PH-4	
CITY-ST-ZIP POMPANO BEACH, FL 00000		3.4 CITY-ST-ZIP POMPANO BEACH, FLA. 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, MARION		4.2 NAME WILLIAMS, MARION	
STREET ADDRESS 777 S. FEDERAL HIGHWAY, RP 103		4.3 STREET ADDRESS 777 S. FEDERAL HIGHWAY #103	
CITY-ST-ZIP POMPANO BEACH FL		4.4 CITY-ST-ZIP POMPANO BEACH, FLA. 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKAY, MARTINA		5.2 NAME PAT NICELY	
STREET ADDRESS 777 S FEDERAL HWY #408 RP		5.3 STREET ADDRESS 777 S. FEDERAL HWY #211	
CITY-ST-ZIP POMPANO BEACH, FL 00000		5.4 CITY-ST-ZIP POMPANO BEACH, FLA. 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALLAGHER, RITA		6.2 NAME BARRETT, SONNY	
STREET ADDRESS 777 S FEDERAL HWY #203RP		6.3 STREET ADDRESS 777 S. FEDERAL HWY #803	
CITY-ST-ZIP POMPANO BEACH FL		6.4 CITY-ST-ZIP POMPANO BEACH, FLA. 33062	

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: Marion Williams **SIGNATURE REQUIRED** DATE: 1/8/99 DAYTIME PHONE: 954-942-0865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR