## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

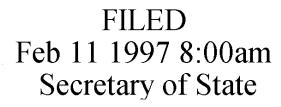
DOCUMENT # P93000056682 (6)

ISLANDIA BUILDING CORP.

184 SEABREEZE CIRCLE 530 1815 DR.

Mailing Address

184 SEABREEZE CIRCLE





100 Darm Gu R. 33444	JUPITER FL 23477-5407		3. Date Incorporated or Qualified 08/12/1993	3a. Date of Last Report 04/29/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0429324	Applied Not App	
21   Suite, Apt #, etc   22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	onal
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May I Added to Fee	
Zip Country	Zip	Country	8. This corporation has liability for in		
24 25	29 30	[	10. Name and Address of New Reg	latered Agent	
9. Name and Address of Current GOEBEL, DANIEL D 194 SEABREEZE CIRCLE 530 1 JUPITER FL 33377		81 Name 82 Street Addi 4 83	ress (P.O. Box Number is Not Acceptabl	ө)	
. /		84 City		FL 85 Zip Code	
11. Pursuant to the trovistory, of Sections 607.0502 office or registed agent, griboth, in the State agent. I am familiar with and accept the obligation of the Signature of the state of the state.  Signature typed or in medinance of registered agent.	tions of, Section 607.0505, Florid <b>AULL O. GOUSEL</b>	the above-hamed cull horized by the corpora is statutes.  Pusion of the corpora is statutes.	Z/C	ATE DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	Addition 8
THE DPS NAME GOEBEL, DANIEL D STREET ADDRESS CITY-ST-ZIP  AUPITER PC  OC	□ DELETE 30 1B15 DC. LRAY BUL K.33444	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			Addition Addition
TITLE NAME STREET ADDRESS	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
CITY-ST-ZIP	DELETE	3.1 TITLE 3.2 NAME		Change L	Addition
NAME STREET ADDRESS		3.3 STREET ADDRESS			
	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME			Addition

The refeiver or trustee empowered to execute this report as required by 9hapter 607, Florida Statutes; and

0332917