

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

FILED

**Apr 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000086564 (6)
 Corporation Name
ISLAND ADVERTISING ASSOCIATES, INC.



Principal Place of Business 7900 ISLAND BLVD. AVENTURA FL 33160	Mailing Address 7900 ISLAND BLVD. AVENTURA FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country		3. Date Incorporated or Qualified 10/07/1997	
4. FEI Number 65-0788972		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ 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	<input type="checkbox"/> DELETE	1.1 TITLE	P/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MATUS, ALAN
STREET ADDRESS		1.3 STREET ADDRESS	7900 Island Boulevard
CITY-ST-ZIP		1.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/T/AS/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VOLLRATH, ROBERT
STREET ADDRESS		2.3 STREET ADDRESS	7900 Island Boulevard
CITY-ST-ZIP		2.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	GENTRY, MICHAEL
STREET ADDRESS		3.3 STREET ADDRESS	7900 Island Boulevard
CITY-ST-ZIP		3.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LIEB, JAMES
STREET ADDRESS		4.3 STREET ADDRESS	7900 Island Boulevard
CITY-ST-ZIP		4.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	FINVARB, ROBERT I.
STREET ADDRESS		5.3 STREET ADDRESS	7900 Island Boulevard
CITY-ST-ZIP		5.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TORPEY, CARITE
STREET ADDRESS		6.3 STREET ADDRESS	7900 Island Boulevard
CITY-ST-ZIP		6.4 CITY-ST-ZIP	North Miami Beach, FL 33160

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:  Robert I. Finvarb, V.P. 2/21/98 (305) 937-7823

CR2E034 (10/97)