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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90006 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000086564

1. Corporation Name
ISLAND ADVERTISING ASSOCIATES, INC.



Principal Place of Business
 7900 ISLAND BLVD.
 AVENTURA FL 33160

Mailing Address
 7900 ISLAND BLVD.
 AVENTURA FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1997

4. FEI Number
65-0788972

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 City & State 23
 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 City & State 28
 Zip 29 Country 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MATUS, ALAN	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VTAS	<input checked="" type="checkbox"/> DELETE
NAME	VOLLRATH, ROBERT	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GENTRY, MICHAEL	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	LIEB, JAMES	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	FINVARB, ROBERT I	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TORPEY, CARITE	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP:AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert I. Finvarb	
2.3 STREET ADDRESS	7900 Island Boulevard	
2.4 CITY-ST-ZIP	North Miami Beach, FL 33160	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED 4-28-99 (305) 937-7823
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)