

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F42374

(1)

1. Corporation Name

ISLAND ONE, INC.

Principal Place of Business

2345 SANDLAKE ROAD, SUITE #100
ORLANDO FL 32809

Mailing Address

2345 SANDLAKE ROAD, SUITE #100
ORLANDO FL 32809

95 MAY - JUN 2:16

SECRET
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/28/1981

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2161490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KORSHAK, STEPHEN
2345 SAND LAKE RD., SUITE 120
2345 SAND LAKE ROAD, SUITE 120
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

KORSHAK, STEPHEN D.

82 Street Address (P.O. Box Number is Not Acceptable)

2345 SAND LAKE ROAD, SUITE 100

83

84 City

ORLANDO

FL

85

Zip Code
32809

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 607.051, Florida Statutes.

SIGNATURE

Stephen D. Korshak

04/17/95

12. OFFICERS AND DIRECTORS

12.1
NAME
STREET ADDRESS
CITY, ST, ZIP

VSD
SPRINGER, JOHN E
2345 SANDLAKE RD. #100
ORLANDO FL

12.2
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
LINDEN, DEBORAH L
2345 SANDLAKE RD. #100
ORLANDO FL

12.3
NAME
STREET ADDRESS
CITY, ST, ZIP

TD
BRUNO, AL
4701 N CUMBERLAND
NORRIDGE, IL 00000

12.4
NAME
STREET ADDRESS
CITY, ST, ZIP

VD
BEAULIEU, ROBERT
5341 W. BELMONT AVENUE
CHICAGO, IL 00000

12.5
NAME
STREET ADDRESS
CITY, ST, ZIP

12.6
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1
1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

REMOVE

☐ Change ☐ Addition

13.2
1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

☐ Change ☐ Addition

13.3
1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

T/S/D
Albert Bruno
4701 N Cumberland Avenue
Norridge, IL 60656

☒ Change ☐ Addition

13.4
1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

☐ Change ☐ Addition

13.5
1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

☐ Change ☐ Addition

13.6
1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(k), 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 its successor 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 omitted in whole with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah L. Linden - President/Director

04/17/95

407/859-8900