

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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~~

3. Date Incorporated or Qualified 08/28/1981	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2161490	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 200 South Orange Ave.
22. City & State	27. Suite 2300
23. Zip	28. Orlando, FL
24. Country	29. 32801-3432
25. Country	30. Country

9. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D.
2345 SAND LAKE ROAD, SUITE 100
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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

Signature typed or printed name, street address, city, state, and zip

Signature typed or printed name, street address, city, state, and zip

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LINDEN, DEBORAH L	1.2 NAME	
STREET ADDRESS	2345 SANDLAKE RD. #100	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	1.4 CITY-STATE-ZIP	
TITLE	TSD	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUNO, ALBERT	2.2 NAME	
STREET ADDRESS	4701 N CUMBERLAND AVENUE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NORRIDGE IL	2.4 CITY-STATE-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BEAULIEU, ROBERT	3.2 NAME	
STREET ADDRESS	5341 W. BELMONT AVENUE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO, IL 00000	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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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(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 trustee 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 407-859-8900
DATE DAY/STATE/PHONE #

CR2E034 (12/95)