

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F42374

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**

****please note address
correction****

****please note address
correction****

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1981

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **2345 Sand Lake Road**

Suite, Apt. #, etc.

22 **Suite 100**

City & State

23 **Orlando, Florida**

Zip

24 **32809**

25

Country

2a. Mailing Address

26 **2345 Sand Lake Road**

Suite, Apt. #, etc.

27 **Suite 100**

City & State

28 **Orlando, Florida**

Zip

29 **32809**

Country

30

9. Name and Address of Current Registered Agent

**KORSHAK, STEPHEN D
2345 SAND LAKE ROAD
ORLANDO FL 32809**

****please note address
correction****

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 120

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **PD**
NAME **LINDEN, DEBORAH L**
STREET ADDRESS **2345 SANDLAKE RD. #100**
CITY-ST-ZIP **ORLANDO FL 32809**

****please note address
correction****

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE **PD**
1.2 NAME **Linden, Deborah L.**
1.3 STREET ADDRESS **2345 Sand Lake Road, Suite 100**
1.4 CITY-ST-ZIP **Orlando, Florida 32809**

2.1 TITLE **SD** ☐ Change ☒ Addition

2.2 NAME **Erfurth, Cary J.**
2.3 STREET ADDRESS **2345 Sand Lake Road**
2.4 CITY-ST-ZIP **Orlando, Florida 32809**

3.1 TITLE **V** ☐ Change ☒ Addition

3.2 NAME **Ogden, Nancy L.**
3.3 STREET ADDRESS **2345 Sand Lake Road, Suite 100**
3.4 CITY-ST-ZIP **Orlando, Florida 32809**

4.1 TITLE **V** ☐ Change ☒ Addition

4.2 NAME **Holbrook, Karen**
4.3 STREET ADDRESS **2345 Sand Lake Road, Suite 100**
4.4 CITY-ST-ZIP **Orlando, Florida 32809**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Deborah L. Linden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99

Date

407-859-8900

Daytime Phone #

CR2E034 (1/98)

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90224 022 ***158.75

