

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

**FILED**

**May 15 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 316670 (9)**  
1. Corporation Name  
**ISLAND CENTER CORPORATION, INC.**

Principal Place of Business <b>POST OFFICE BOX 1321 TAMPA FL 33601</b>	Mailing Address <b>POST OFFICE BOX 1321 TAMPA FL 33601</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/12/1967</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1165408</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	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 <b>UITERWYK, STEVEN A 1307 W KENNEDY BLVD. TAMPA FL 33806</b>				10. Name and Address of New Registered Agent			
				81 Name	<b>Straske, Stephen B. II</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>1307 W. Kennedy Boulevard</b>		
				83			
				84 City	<b>Tampa</b>	85 Zip Code	<b>FL 33606</b>

11. Pursuant to the provisions of Sections 607.022 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and accept the above information. I hereby accept the appointment as registered agent. I am familiar with and accept the above information. I hereby accept the appointment as registered agent. I am familiar with and accept the above information. I hereby accept the appointment as registered agent.

SIGNATURE: *[Signature]* **Stephen B. Straske, II** DATE: **4/15/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>STRASKE III, STEVEN B</b>			1.2 NAME	<b>Straske, Stephen B. II</b>		
STREET ADDRESS	<b>1307 W. KENNEDY BLVD.</b>			1.3 STREET ADDRESS	<b>1307 W. Kennedy Boulevard</b>		
CITY-ST-ZIP	<b>TAMPA FL</b>			1.4 CITY-ST-ZIP	<b>Tampa, FL 33606</b>		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>FERMAN, CECELIA D</b>			2.2 NAME			
STREET ADDRESS	<b>1307 W. KENNEDY BLVD.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			2.4 CITY-ST-ZIP			<b>33606</b>
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>LAURA F. FARRIOR</b>			3.2 NAME			
STREET ADDRESS	<b>1307 W. KENNEDY BLVD.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			3.4 CITY-ST-ZIP			<b>33606</b>
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>FERMAN, JAMES L., JR.</b>			4.2 NAME			
STREET ADDRESS	<b>1307 W. KENNEDY BLVD.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			4.4 CITY-ST-ZIP			<b>33606</b>
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>UITERWYK, STEVEN A.</b>			5.2 NAME	<b>Chunn, C. Frank</b>		
STREET ADDRESS	<b>1307 W KENNEDY BLVD.</b>			5.3 STREET ADDRESS	<b>1307 W. Kennedy Boulevard</b>		
CITY-ST-ZIP	<b>TAMPA FL</b>			5.4 CITY-ST-ZIP	<b>Tampa, FL 33606</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PRESTON, LEE F</b>			6.2 NAME	<b>Farrior, Preston L.</b>		
STREET ADDRESS	<b>1307 W. KENNEDY BLVD</b>			6.3 STREET ADDRESS	<b>1307 W. Kennedy Boulevard</b>		
CITY-ST-ZIP	<b>TAMPA FL</b>			6.4 CITY-ST-ZIP	<b>Tampa, FL 33606</b>		

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, supplemental report, or 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 recipient of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. *[Signature]*

SIGNATURE: *[Signature]* **Stephen B. Straske, II** 4/15/98 (813) 251-2765

CR2E034 (10/97)