


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

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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 316670

1. Corporation Name
ISLAND CENTER CORPORATION, INC.



Principal Place of Business 1306 WEST KEDDEDY BLVD. TAMPA FL	Mailing Address 1306 WEST KEDDEDY BLVD. TAMPA FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1306 W Kennedy Blvd	2a. Mailing Address 26 1306 W Kennedy Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Tampa, FL	28 City & State Tampa, FL
24 Zip 33606-1849	25 Country
29 Zip 33606-1849	30 Country

3. Date Incorporated or Qualified 05/12/1967	
4. FEI Number 59-1165408	Applied For <input type="checkbox"/> No; <input type="checkbox"/> Yes
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

STRASKE, STEPHEN B II
 101 EAST KENNEDY BOULEVARD
 SUITE 3700
 TAMPA FL

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0501 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: _____ (NOT: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	STRASKE, STEPHEN B I	
STREET ADDRESS	1307 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FERMAN, CECELIA D	
STREET ADDRESS	1307 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAURA F. FARRIOR	
STREET ADDRESS	1307 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERMAN, JAMES L., JR.	
STREET ADDRESS	1307 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHUNN, C FRANK	
STREET ADDRESS	1307 W KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FARRIOR, PRESTON L	
STREET ADDRESS	1307 W. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James E Brakeman	
1.3 STREET ADDRESS	1306 W Kennedy Blvd	
1.4 CITY-ST-ZIP	Tampa, Fl 33606-1849	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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, upon an attachment with an address, with all other like empowered.

SIGNATURE: James E Brakeman 4/22/99 (813) 251-2765
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)