

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90237 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 328205

1. Corporation Name
ISLAND VIEW DEVELOPMENT CORP.



Principal Place of Business 8512 NAVARRE PKWY NAVARRE FL 32566	Mailing Address 8512 NAVARRE PKWY NAVARRE FL 32566
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8510 Navarre Pkwy		2a. Mailing Address 26 8510 Navarre Pkwy		3. Date Incorporated or Qualified 03/29/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1215768	
City & State 22		City & State 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 23		Zip 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 24		Country 29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent IRA MAE HEWATT 8512 NAVARRE PKWY NAVARRE FL 32566		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8510 Navarre Pkwy 83 84 City FL 85 Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEWATT, IRA MAE		1.2 NAME	
STREET ADDRESS 8512 NAVARRE PKWY		1.3 STREET ADDRESS 8510 Navarre Pkwy	
CITY-ST-ZIP NAVARRE FL		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEWATT, MATTHEW		2.2 NAME	
STREET ADDRESS 8512 NAVARRE PKWY		2.3 STREET ADDRESS 8510 Navarre Pkwy	
CITY-ST-ZIP NAVARRE FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Brenda Barre'	
STREET ADDRESS		3.3 STREET ADDRESS 8510 Navarre Pkwy	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Navarre, FL 32566	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Ira Mae Hewatt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)