Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90212 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 392021

1. Corporation Name

ISLANDERS! MARKET, INC.

10111101	TO WE WILL THE									
Principal P ace	of Business	Mailing Address				1.550				
1771 MANATEE AVE., WEST		1771 MANATEE AVE., WEST								
SUITE C		SUITE C				DO NOT WE	HTE IN THIS	SDACE		
BRADENTON FL 34205		BRADENTON FL 34205			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
								,		}
						11/30/19				lind For
2. Principal Pl	ace of Business	2a. Mailing Address						Applied For Not Applicable		
21		26			59-1410244			\$8.75 Additional		
Suite, Act.	#, etc.	Suite, Apt. #, etc.			5. Certificate of	of Status Desired		Fee Re		
22		27								
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be					
23		28			Trust Fund Contribution Added to Fees					
Zip	Cour try	Zip Country			8. This corporation owes the current year Intangible					
425		29	29 30			Persor al Property Tax.			Yes No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and	Address of New	Registere d	Agent	
0.40				81	Name					
	NINA, JOHN B		+	82	Street Acc	dress (P.O. Bo> Nu	mber is Not Accep	table)		
	73RD STREET		ì			<u> </u>				
HOLI	MES BEACH FL 34217			83						1
			ŀ	0.4	<u> </u>				85 Zip C	ode
				84	City			FL	_ 45 210 0	ode
agent. ar	to the provisions of sections of sections of seg- egistered agent, or bo h, in the State of armiliar with, and accept the obligation of the section of the s	ations of, Section 607.0505, Fl	inda Statu	ites.		red when reinstating)		DATE		
12.		N[: DIRECTORS	13.				/CHANGES TO C	FFICERS \	ND DIRECTO	RS IN 12
TITLE	ST	☐ DELETE	1.1 TIT	LΕ					☐ Change	Addition
NAME	SHEA, CARMEN JOYCE		12 NA	1.2 NAME						^
STREET ADDRESS	7200 SUNSHINE DR. SO		13 STREET ADDRESS						-	
1	ST. PETERSBURG FL					210 33	3725-	6152	1	
CITY-ST-ZIP	PV PUENDONO TE			1.4 CITY-ST-ZIP 2.1 TITLE			21p 3		Change	Addition
TITLE	, ·	- Dece ! C								7-
NAME	CAGNINA, JOHN B.		2.2 NAME							
STREET ADDRE 3S	306 73RD ST		2.3 STREET ADDRESS				2. 7/	1210		1
CITY-ST-ZIP	HOLMES BCH FL			2.4 CITY-ST-ZIP			21p 34	1411	Change	Addition
TITLE			l l	3.1 TITLE			•		☐ Change	□ Addison
NAME			3.2 NA							
STREET ADDRESS			3.3 ST	REET A	ADDRESS					
CITY-ST-ZIP			_	34 CiTY-ST-ZIP						To Addition
TITLE		☐ DELETE	•						Change	Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE		DDRESS					1
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					<u></u> -
TITLE		☐ DELETE	5.1 TIT	LΕ					Change	☐ Addition
NAME			5.2 NA	ME	Į					}
STREET ADDRESS			53 ST	REETA	ADDRESS					
CITY-ST-ZIP				Y-ST-	ZIP					
TITLE	☐ DELETE 6.		6.1 TIT	ιE					Change	Addition
NAME.			6.2 NA	ME	\ \ \ \ \					1
STREET ADDRESS			63 ST	REETA	ADDRESS					

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 cartify 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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP