CO	PROFIT RPORATION			ITMENT OF STATE	Apr 10 19	997 8:0	)0am
ANNUAL REPORT <b>1997</b>			Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
<ol> <li>Corporati</li> </ol>	JMENT # 4840 ISLAND MANAGEMEN		(3)			DAGA ATAN ATAN AHAR ATAN	<b>                                   </b>
,	ice of Business REGOR BLVD. . 33908	16956-	ng Address 1 MCGREGOR BLVD. ERS FL 33908-2997				
					3. Date Incorporated or Qualified 09/08/1975	3a. Date of Last 04/18/1996	Report
2. Principal 1	Piace of Business	26	ailing Address		4. FEI Number 59-1626008		pplied For lot Applicable
Suite, Ap	t #. etc.	27	uite, Apt. <b>#, etc</b> .		5. Certificate of Status Desired		Additional leguired
City & St	ale		ity & State		6. Election Campaign Financing Trust Fund Contribution		) May Be I to Fees
Zip [4]	Country 25	Zi 29		Country 30		Yes 🔀 No	s. 199.032,
TH	9. Name and Address c OMPSON, JEFFREY, G	of Current Register	ed Agent	81 Name	10. Name and Address of New Re	gistered Agent	
169	56-1 MCGREGOR BLVD. MYERS FL 33908			82 Street Add	dress (P.O. Box Number is Not Acceptab	ble)	
<b>C 1</b>				83	······	<u>8.869</u>	
11. Pursuar office of	it to the provisions of Sections registered agent, or both, in	s 607,0502 and 607 the State of Florida	1508, Florida Statuti Such change was a	84 City es, the above-named cor authorized by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	FL Durpose of changing	Code its registered s registered
office of agent 1 SIGNATURI 12.	r registered agent, or both, in am fam har with, and accept Styrcture, lyred or ponted name of re OFFIC	the State of Florida. the obligations of, S	Such change was a ection 607.0505, Flo	es, the above-named con authorized by the corpora prida Statutes. E Registered Agent signature requ 13.	ation's board of directors. I hereby accept	PL purpose of changing of the appointment a DATE CERS AND DIRECTO	its registered s registered
office or agent 1 SIGNATURE 12. III.E NAME STREELADDR:S	tregistered agent, or both, in ani fam har with, and accept Standard in pointed name of re OFFIC VTD HOLLOPETER, ROBERT S 757 WINDLASS WAY	the State of Florida, the obligations of, S agistened agent and the fit ar CERS AND DIRECTO	Such change was a ection 607.0505, Flo	es, the above-named cor authorized by the corpore prida Statutes. E Registered Agent signature requinance 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ation's board of directors. I hereby accer ulred when reinslating)	DATE	its registered s registered
office of agent 1 SIGNATURE 12. 10.E NAME STREELADDR:S C(T) - ST-7P 10.F NAME	rregistered agent, or both, in ani familiar with, and accept Styncture, bried of printed name of m OFFIC HOLLOPETER, ROBERT 5 757 WINDLASS WAY SANIBEL FL PD THOMPSON, JUDITH 16956-1 MCGREGOR B	the State of Florida. the obligations of, S ogiste ed agent and tele if an CERS AND DIRECTO <b>T, R</b>	Such change was a ection 607.0505, Flo	es, the above-named cor authorized by the corpore prida Statutes. E: Registered Agent signature requinations 13. 1.1 TIFLE 12 NAME	ation's board of directors. I hereby accer ulred when reinslating)	PL purpose of changing of the appointment a DATE CERS AND DIRECTO	its registered s registered
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