

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

000719

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90119 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 830998

1. Corporation Name
ISLAND LEASING CORP.



Principal Place of Business 120 BETHPAGE ROAD SUITE #200 HICKSVILLE NY 11801	Mailing Address 120 BETHPAGE ROAD SUITE #200 HICKSVILLE NY 11801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 404 GLEN COVE AVE Suite, Apt. #, etc. 22 SEA CLIFF, NY City & State 23 11579 USA Zip Country		2a. Mailing Address 26 404 GLEN COVE AVE Suite, Apt. #, etc. 27 SEA CLIFF NY City & State 28 11579 USA Zip Country		3. Date Incorporated or Qualified 10/05/1973	4. FEI Number 11-2237578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Additional Fee Required \$8.75		9. May Be Added to Fees \$5.00				

9. Name and Address of Current Registered Agent PADILLA, AL. C/O ISLAND LEASING CORP. 8148 NW 74TH AVE BAY 1 MEDLEY FL 33166		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRAUS, KENNETH		1.2 NAME KRAUS, KENNETH	
STREET ADDRESS 120 BETHPAGE ROAD		1.3 STREET ADDRESS 404 GLEN COVE AVE	
CITY-ST-ZIP HICKSVILLE NY 11801		1.4 CITY-ST-ZIP SEA CLIFF, NY 11579	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE SEC TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRAUS, SUSAN		2.2 NAME KRAUS, SUSAN	
STREET ADDRESS 120 BETHPAGE ROAD		2.3 STREET ADDRESS 404 GLEN COVE AVE	
CITY-ST-ZIP HICKSVILLE NY 11801		2.4 CITY-ST-ZIP SEA CLIFF, NY 11579	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 in an attachment with an address with all other like empowered.

SIGNATURE: [Signature] DATE: 1/11/99 DAYTIME PHONE #: 576-656-4842

CR2E034 (11/98)