FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F42374 (1)

1. Corporation Name
ISLAND ONE, INC.

Principal Place of Business	Mailing Address
2345 SANDLAKE ROAD. SUITE #100 ORLANDO FL 32809	2345 SANDLAKE ROAD. SUITE #100 ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 08/28/1981
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2161490 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KORSHAK, STEPHEN 2345 SAND LAKE RD., SUITE 120 2345 SAND LAKE ROAD, SUITE 120 ORLANDO FL 32809	81 Name: KORSHAK, STEPHEN D. 82 Street Address (P.O. Box Number is Not Acceptable): 2345 SAND LAKE ROAD, SUITE 100 83 84 City: ORLANDO FL 85 Zip Code: 32809

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: [signature] DATE: 04/17/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VSD NAME: ~~SPRINGER, JOHN E~~ STREET ADDRESS: ~~2345 SANDLAKE RD. #100~~ CITY-ST-ZIP: ~~ORLANDO FL~~	REMOVE ☐ Change ☐ Addition
TITLE: PD NAME: LINDEN, DEBORAH L STREET ADDRESS: 2345 SANDLAKE RD. #100 CITY-ST-ZIP: ORLANDO FL	☐ Change ☐ Addition
TITLE: TD NAME: BRUNO, AL STREET ADDRESS: 4701 N CUMBERLAND CITY-ST-ZIP: NORRIDGE, IL 00000	☒ Change ☐ Addition T/S/D Albert Bruno 4701 N Cumberland Avenue Norridge, IL 60656
TITLE: VD NAME: BEAULIEU, ROBERT STREET ADDRESS: 5341 W. BELMONT AVENUE CITY-ST-ZIP: CHICAGO, IL 00000	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 04/17/95 407/859-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Deborah L. Linden - President/Director

0069032 CP