


FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS		May 01 1997 8:00am Secretary of State	
DOCUMENT # F42374 1. Corporation Name <b>ISLAND ONE, INC.</b>					
Principal Place of Business <b>2345 Sandlake Rd. Suite 100 Orlando, FL 32809</b>		Mailing Address <b>200 S. Orange Ave. Suite 2300 Orlando, FL 32801-3432</b>		3. Date Incorporated or Qualified <b>08/28/81</b> 3a. Date of Last Report <b>04/27/96</b>	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		4. FEI Number <b>59-2161490</b> 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>Linden, Deborah 2345 Sandlake Rd. Suite 100 Orlando, FL 32809</b>			10. Name and Address of New Registered Agent 81. Name <b>Korshak, Stephen D</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>2345 Sand Lake Road</b> 83. City <b>Orlando</b> 84. State <b>FL</b> 85. Zip Code <b>32809</b>		
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: <i>Stephen D. Korshak</i> DATE: <b>4/22/97</b>					
12. OFFICERS AND DIRECTORS 12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.7 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.8 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.9 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.10 TITLE NAME STREET ADDRESS CITY, ST, ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP		
14. I am hereby certifying 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.			3000002169909 -05/07/97--01093--014 ***165.00		
SIGNATURE: <i>Deborah L. Linden</i> 15. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Deborah L. Linden, President</b>			4/25/97 407-859-8900		

CR2E034 (9/96)