

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000005419**
1. Corporation Name
ISLAND OUTPOST, INC

Principal Place of Business 1330 OCEAN DRIVE 4th FLOOR MIAMI BEACH, FL 33139	Mailing Address 1330 OCEAN DRIVE 4th FLOOR MIAMI BEACH, FL 33139
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified MAY 19, 1994	3a. Date of Last Report	4. FEI Number 13-3792017	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	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, 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 DIRECTOR	NAME LAWRENCE MESTEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 825 EIGHTH AVE 24th FL	CITY-STATE-ZIP NEW YORK, N.Y. 10019	1.2 NAME	
TITLE DIRECTOR	NAME WENDY HART	1.3 STREET ADDRESS	
STREET ADDRESS 1330 OCEAN DRIVE 4th FL	CITY-STATE-ZIP MIAMI BEACH, FL 33139	1.4 CITY-STATE-ZIP	
TITLE DIRECTOR	NAME MEG FRIEDMAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 825 EIGHTH AVE	CITY-STATE-ZIP NY, NY 10019	2.2 NAME	
TITLE DIRECTOR	NAME STEPHANIE SAULTER	2.3 STREET ADDRESS	
STREET ADDRESS 1330 OCEAN DRIVE 4th FL	CITY-STATE-ZIP MIAMI BEACH, FL 33139	2.4 CITY-STATE-ZIP	
TITLE DIRECTOR	NAME MEG FRIEDMAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 825 EIGHTH AVE	CITY-STATE-ZIP NY, NY 10019	3.2 NAME	
TITLE DIRECTOR	NAME STEPHANIE SAULTER	3.3 STREET ADDRESS	
STREET ADDRESS 1330 OCEAN DRIVE 4th FL	CITY-STATE-ZIP MIAMI BEACH, FL 33139	3.4 CITY-STATE-ZIP	
TITLE DIRECTOR	NAME MEG FRIEDMAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 825 EIGHTH AVE	CITY-STATE-ZIP NY, NY 10019	4.2 NAME	
TITLE DIRECTOR	NAME STEPHANIE SAULTER	4.3 STREET ADDRESS	
STREET ADDRESS 1330 OCEAN DRIVE 4th FL	CITY-STATE-ZIP MIAMI BEACH, FL 33139	4.4 CITY-STATE-ZIP	
TITLE DIRECTOR	NAME MEG FRIEDMAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 825 EIGHTH AVE	CITY-STATE-ZIP NY, NY 10019	5.2 NAME	
TITLE DIRECTOR	NAME STEPHANIE SAULTER	5.3 STREET ADDRESS	
STREET ADDRESS 1330 OCEAN DRIVE 4th FL	CITY-STATE-ZIP MIAMI BEACH, FL 33139	5.4 CITY-STATE-ZIP	
TITLE DIRECTOR	NAME MEG FRIEDMAN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 825 EIGHTH AVE	CITY-STATE-ZIP NY, NY 10019	6.2 NAME	
TITLE DIRECTOR	NAME STEPHANIE SAULTER	6.3 STREET ADDRESS	
STREET ADDRESS 1330 OCEAN DRIVE 4th FL	CITY-STATE-ZIP MIAMI BEACH, FL 33139	6.4 CITY-STATE-ZIP	

14. I do 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 included 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: **LAWRENCE MESTEL** **4/30/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)