


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

FILED

Apr 02 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **F94000005414 (7)**

1. Corporation Name
ISLAND OUTPOST, INC.

Principal Place of Business

**1330 OCEAN DR
4TH FL
MIAMI BEACH FL 33139
US**

Mailing Address

**825 8TH AVE
24TH FL
NEW YORK NY 10019
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1984

4. FEI Number

13-3792017

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **OT
FRIEDMAN, MED**
STREET ADDRESS **825 8TH AVENUE**
CITY - ST - ZIP **NEW YORK NY 10019**

TITLE ☐ DELETE

NAME **DVP
HART, WENDY**
STREET ADDRESS **1330 OCEAN DRIVE 4TH FLOOR**
CITY - ST - ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **D
MESTEL, LAWRENCE**
STREET ADDRESS **825 8TH AVE 24TH FL**
CITY - ST - ZIP **NEW YORK NY**

TITLE ☒ DELETE

NAME **DS
SAULTER, STEPHANIE**
STREET ADDRESS **1330 OCEAN DRIVE 4TH**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DIRECTOR, TREASURER
MED FRIEDMAN**
1.3 STREET ADDRESS **825 8TH AVENUE**
1.4 CITY - ST - ZIP **NEW YORK, NY 10019**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **LAWRENCE MESTEL**
3.3 STREET ADDRESS **825 8TH AVE 24TH FL**
3.4 CITY - ST - ZIP **NEW YORK, NY 10019**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **DIRECTOR
STEPHANIE SAULTER**
4.3 STREET ADDRESS **1330 OCEAN DRIVE 4TH FL**
4.4 CITY - ST - ZIP **MIAMI BEACH, FL 33139**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address.

SIGNATURE: **Med Friedman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/98

Daytime Phone: 00001234

CR2E034 (10/97)