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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:07

DOCUMENT # G01933 (2)

1. Corporation Name
PORT OF THE ISLANDS, INC.

Principal Place of Business	Mailing Address
25000 TAMIAMI TRAIL EAST NAPLES FL 33961 US	2500 TAMIAMI TRAIL EAST NAPLES FL 33961 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1982
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 R V Park
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 c/o 1221 W. Coast Hwy
Suite, Apt. #, etc. 27
City & State 28 Newport Beach, CA
Zip 29 Country 30

4. FEI Number: 59-2234416 ☐ 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

BARNARD, THOMAS
25000 TAMIAMI TRAIL EAST
NAPLES FL 33961

10. Name and Address of New Registered Agent

01 Name: Mary Marnell
02 Street Address (P.O. Box Number is Not Acceptable): c/o MacKie & Marnell P.A.
03 5551 Ridgewood Drive #201
04 City: Naples, 05 FL Zip Code: 33963

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 the # applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BARNARD, THOMAS	12 NAME	
STREET ADDRESS	25000 TAMIAMI TRAIL EAST	13 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	
TITLE	VSD PD	21 TITLE	☐ Change ☐ Addition
NAME	WOOTEN, DAVID	22 NAME	
STREET ADDRESS	221 W COAST HIGHWAY	23 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RAY, BEVERLY	32 NAME	
STREET ADDRESS	1221 W COAST HIGHWAY	33 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☒ Addition
NAME	ARNOLD, RICHARD	42 NAME	VP Gerald T. Johnson
STREET ADDRESS	1221 W COAST HIGHWAY	43 STREET ADDRESS	1221 W. Coast Hwy
CITY ST ZIP	NEWPORT BEACH CA	44 CITY ST ZIP	Newport Beach, CA 92663
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	BASMAJIAN, ROBERT	52 NAME	
STREET ADDRESS	1221 W COAST HIGHWAY	53 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA	54 CITY ST ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	O'KEEFE, THOMAS J	62 NAME	
STREET ADDRESS	1221 W COAST HIGHWAY	63 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA	64 CITY ST ZIP	

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)(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: Vice President 6/7/95 714 645 5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0330619 CP