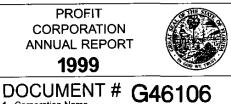
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

## FILED Jun 01, 1999 8:00 am **Secretary of State**

06-01-1999 90008 007 \*\*\*150.00



SOUTH ISLAND DEVELOPMENT CORPORATION	
	-

Principal Place of Business Mailing Address % JOSEPH DIPRIMA % JOSEPH DIPRIMA 1199 SO PATRICK DRIVE 1199 SO PATRICK DRIVE DO NOT WRITE IN THIS SPACE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 3. Date Incorporated or Qualifed 06/24/1983 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2949692 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Zip Country Zip ΠNo Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DIPRIMA, JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) **620 TORTOISE WAY** SATELLITE BEACH FL 32937 83 Zip Code 84 City 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE CAUDLE, JEANNE 12 NAME NAME 9490 S TROPICAL TRL 1.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND, FL 00000 1 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE KIRSCHNER, STANLEY 2.2 NAME NAME 2.3 STREET ADDRESS 738 LOGGERHEAD ISLAND STREET ADDRESS SATELLITE BCH, FL 00000 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE DIPRIMA, JOSEPH 3.2 NAME NAME **620 TORTOISE WAY** 3.3 STREET ADDRESS STREET ADDRESS SATELLITE BCH,F L 00000 32937 3.4. CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 51 TO E 5.2 NAME NAME

6.4 CITY-ST-ZIP CITY-ST-ZIF 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, with all other like empowered

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Change

Addition