

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G76324** (4)

1. Corporation Name
ISLANDS INTERNATIONALE, INC.



Principal Place of Business
**1255 N.E. FLAGLER DRIVE
FT. LAUDERDALE FL 33304**

Mailing Address
**1255 N.E. FLAGLER DRIVE
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**MILLS, BRUCE E.
1255 NE FLAGLER DR.
FT. LAUDERDALE FL 33403**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
12/28/1983

3a. Date of Last Report
03/27/1995

4. FFI Number

59-2356662

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0092 and 607.1726, 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 607.0094, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

DATE OF SIGNATURE (MM/DD/YYYY)

DSB

12. OFFICERS AND DIRECTORS DELETE

TITLE	STD MILLS, BRUCE E	<input type="checkbox"/> DELETE
NAME	1255 NE FLAGLER DRIVE FT LAUDERDALE, FL 00000	
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	PD LEGAGNEUR, JEAN	<input type="checkbox"/> DELETE
NAME	1255 NE FLAGLER DRIVE FT LAUDERDALE, FL 00000	
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

11 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the registered office of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. *[Signature]*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

407-582-4870

CR2E034 (12/95)