676324

	WM. THIES	& SONS, INC.	
<u></u>	791 PARK OF COMMERCE BLVD. #300 BOCA RATON, FLORIDA 33487-3620		
	City/State/Zip	Phone #	_

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name) 2. (Corporation Name)	(Document #)	TALEARIASSEE.FLG
(Corporation Name)	(Document #)	20 RDA
Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	(Document #) Photocopy AMENDMENTS Amendment Resignation of R.A Change of Register Dissolution/Withdr	red Agent
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QU Foreign Limited Partnership Reinstatement Trademark Other	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0, the undersigned corporation organized under the laws of	
submits the following statement in order to change its re	-
the State of Florida.	
1. The name of the corporation :Islands Inter	mationale, Inc.
2. The mailing address of the corporation: 201 E. Co	past Street
Lake Wort	h, FL 33460
3. Date of incorporation/qualification: 12/23/83	Document number: G76324
4. The name and address of the current registered agent as	nd office:
Bruce E. Mill	.s. 00 D
201 East Coas	t Street
Lake Worth, F	
5. The name and address of the new registered agent (if cl (P. O. Box Not Acc	hanged) and/or registered office (iffighanged):
Bruce E. Mills	20
791 Park of Co	mmerce Blvd. #300
Boca Raton, FL	33487-3620
The street address of its registered office and the street a agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted authorized by the board.	by its board of directors or by an officer so
The Epith	12/4/00
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Bruce E. Mills, Secretary/Treasure	r
(Printed or typed name and title)	
Having been named as registered agent and to accept se corporation, I hereby accept the appointment as register I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and acregistered agent.	red agent and agree to act in this capacity. tes relative to the proper and complete
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$	35.00 * * *

CR2E045(9/00)