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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	G91392	(2
1. Corporation Name		•

ISLAND INVESTMENTS OF ORLANDO, INC.

Mailino Address Principal Place of Business

214 S. DILLARD ST. WINTER GARDEN FL 34787

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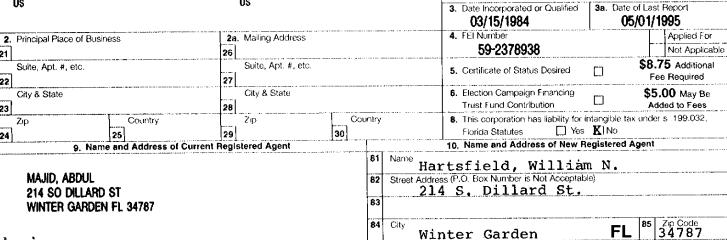
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CITY-ST-ZIP

TITLE

NAME

214 S. DILLARD ST. WINTER GARDEN FL 34787



Winter Garden 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505 florida Statutes.

SIGNATURE	MINIMA A FIETHE	W:	illiam N.	Hartsf	ield		4/29/96	
SIGNATURIL	lightature, typed or printed name of Light-ored agent angestic	NOT	Er Registerad Agent's græfuru	required when reinstal	ng)		DATE	· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND DIREC	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	DELETE	1. 1 TITLE	D			XX Change	☐ Addition
NAME	MAJID, ABDUL		1.2 NAME	Majid,	Zanipha			
STREE1 ADDRESS	214 S. DILLARD ST.		1.3 STREET ADDRESS	214 S.	Dillard	st.		
CITY-ST-ZIP	WINTER GARDEN FL		1.4 C-TY - \$1 - ZIP	Winter	Garden,	Fl.	34787	
TITLE	V	DELETE	2 1 TITLE				Change	Addition
NAME	HARTSFIELD, WILLIAM N.		2.2 NAME					
STREET ADDRESS	214 S. DILLARD ST.		2 3 STREET ADDRESS					
CITY-ST-ZIP	WINTER GARDEN FL		2 4 CITY - ST - ZIP					
TITLE		DELETE	3 1 THLE				☐ Chang∈	Addition
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS	:				

TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP **800001911399** -05/07/96--01098--016 ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME 1 NAME ***200.00 5.3 STREET ADDRESS STREE1 ADDRESS 5.4 CITY-ST-7/P CITY - ST - ZIP

6 THEF

6.2 NAME

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3.4 CHY - ST - ZIP

6.3 STREET ADDRESS STREET ADDRESS 6 4 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)(k), 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 cath; 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, over an attachment with an address. CITY ST-ZIP

SIGNATURE OFFICER OR DIRECTOR

654-1300 Daylinie Prone #

☐ Change

Change

Addition

Addition



CR2E034 (12/95)