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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H02890

(2)

ISLAND DEVELOPMENT REALTY CORPORATION

FILED Feb 20 1998 8:00am Secretary of State



					1 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address						
3116 SE MALL		3116 SE MALL TERR				
PORT ST. LUCIE FL 34974		PORT ST. LUCIE FL 34974		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified		
				05/09/1984		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
ne Tillicipal Flace of Dusiness		26 2903 29 th Ca	OURT	59-2394990	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<i></i>		\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5,00 May Be	
23		28 JUPITER FL	PEIDA	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible	
24	25	29 33477	30 PALM BEAG	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent	
HOFFMAN, GERALD F.			81 Name			
	8 SE MALL TERR		82 Street A	dress (P.O. Box Number is Not Acceptable)		
PORT ST. LUCIE FL 34974			55 0.000			
,			83			
	4.		84 City		85 Zip Code	
			P4 City	F	L 85 Zip Code	
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, and accept the obligations of, Section 607.0505, Florida Statutes, 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELETE	1.1 TITLE		Change L Addition	
NAME	HOFFMAN, GERALD F.		1.2 NAME			
STREET ADDRESS	3116 SE MALL TERR		1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		L. Change L. Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY+ST+ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CiTY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELE TE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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.

CICNIATURE

Strald F. Hossman

KERALD F. + HERMAN

1/14/00

Eliate and