

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **H03544** (4)

1. Corporation Name  
**ISLAND PINE CORPORATION**



Principal Place of Business  
**150 N. FEDERAL HWY., STE. 200  
FT. LAUDERDALE FL 33309-2426  
US**

Mailing Address  
**150 N. FEDERAL HWY., STE. 200  
FT. LAUDERDALE FL 33309-2426  
US**

3. Date Incorporated or Qualified <b>05/15/1984</b>	3a. Date of Last Report <b>03/10/1995</b>
4. FEI Number <b>59-2423263</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 <b>33301</b> 25 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 <b>33301</b> 30 Country
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9. Name and Address of Current Registered Agent  
**WILKES, JOHN P.  
150 N. FEDERAL HWY., STE. 200  
FT. LAUDERDALE FL 33301-2426**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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, 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 607.0504, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	JOYNER, WILLIAMS A.	
3. STREET ADDRESS	901 S FEDERAL HWY #301	
4. CITY-STATE-ZIP	FT. LAUDERDALE FL	
5. TITLE	ST	<input type="checkbox"/> DELETE
6. NAME	JOYNER, WILLIAMS A	
7. STREET ADDRESS	901 S FEDERAL HWY #301	
8. CITY-STATE-ZIP	FT. LAUDERDALE FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	
37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME	
39. STREET ADDRESS	
40. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
45. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
46. NAME	
47. STREET ADDRESS	
48. CITY-STATE-ZIP	
49. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
50. NAME	
51. STREET ADDRESS	
52. CITY-STATE-ZIP	
53. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
54. NAME	
55. STREET ADDRESS	
56. CITY-STATE-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 oath. 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, not as agent of or an attorney with an address.

SIGNATURE: *Williams A Joyner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Williams A Joyner, President**

2-5-96 954-467-9200  
DATE LISTED PHONE #

CR2E034 (12/95)