

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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 FEB 17 2 11:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H03544
 1. Corporation Name
ISLAND PINE CORPORATION

Principal Place of Business: **150 N. FEDERAL HWY., STE. 200 FT. LAUDERDALE FL 33301 US**
 Mailing Address: **150 N. FEDERAL HWY., STE. 200 FT. LAUDERDALE FL 33301 US**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/15/1984**

4. FEI Number: **59-2423263**

5. Certificate of Status Desired: Applied For Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**WILKES, JOHN P.
 150 N. FEDERAL HWY., STE. 200
 FT. LAUDERDALE FL 33301-2426**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

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 607.0505, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOYNER, WILLIAMS A.	
STREET ADDRESS	901 S FEDERAL HWY #203	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOYNER, WILLIAMS A	
STREET ADDRESS	901 S FEDERAL HWY #203	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	300002784873 - 5
14 CITY-ST-ZIP	-02/23/93 - 01078 - 004
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	***150.00 ***150.00
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

Handwritten: JB 2-18-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

CR2E034 (11/98)