## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS H10496 (8)DOCUMENT # ISLAMORADA REALTY CORPORATION Principal Place of Business Mailing Address 82883 OVERSEAS HWY 40311 FISHER ISLAND DR. ISALAMORADOR FL 33036 MIAMI BEACH FL 33109-1233 3. Date Incorporated or Qualified 3a. Date of Last Report 07/02/1984 06/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 1690 NE 135 St 59-2418636 Not Applicable Saite, Apr. #, etc. Suite, Apt. #, etc. , \$8.75 Additional 5. Certificate of Status Desired 27 UPSTAIRS Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be N. MIAMI, FI Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 USA Florida Statutes ☐ Yes ☑ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BOWLING, JAMES** Street Address (P.O. Box Number is Not Acceptable) 82883 OVERSEAS HWY. ISLAMORADA FL 33036 83 84 Zip Code 33/8/ MIAMI ۸, 11. Pursuar 0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam Section 687.0505. Florida Statutes. or regfarrifiar y SIGNATURE (bi⊝1E: Flogistered Agent signature required when reinstating) OFFICERS AND DIRECTORS (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1. 1 TITLE Change Addition BOWLING, JAMES 1.2 NAME CR2E034 82883 OVERSEAS HIGHWAY STREET ACORESS 1.3 STREET ADDRESS ISLAMORADA FL 610 S - 712 1.4 CITY - ST-ZIP DELETE 2 1 TITLE ☐ Change ☐ Addition 2.2 NAME STREET ANDRESS 23 STREET ADDRESS 24 CITY - ST - 7/P DELFIE 3 1 TITLE Change Addition 32 NAME SHEEL ADOBESS 3.3 STREET ADDRESS CLY S1 ZIP 3 4 CITY - \$1 - ZIP DELETE 4. 1 TITLE ☐ Change ☐ Addition 4.2 NAME STREET AT DRESS 4.3 STREET ADDRESS 5 15 - \$1 2-P 4.4 CITY - \$1 - ZIP DELETE 5 1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

64 CITY - ST-ZIP with this filing is volunts by furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further the report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Fdo hereby certify that the information supplied certify that the information indicated on this and oath, that I am an officer or director of the certification. appears in Block 12 or Block

54 CHY-ST-ZIP

6.3 STREET ADDRESS

6.13:TEE

6.2 NAME

SIGNATURE:

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City St. Zit

STREET ADDRESS.

C 19-51-79

DELETE

☐ Change

☐ Addition