Mailing Address

CAPTIVA FL 33924

2a. Mailing Address

Suite, Apt. #, etc.

City & State

PLANTATION VIEW SHOPPING CENTER

P O BOX 425

26

27

28

29

Zip

PROFIT CORPORATION ANNUAL REPORT

1999

ISLAND BEACH COMPANY, INC.

Country

25

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

PLANTATION VIEW SHOPPING CENTER

P O BOX 425

21

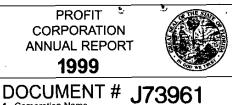
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23

24

Zip

CAPTIVA FL 33924



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90130 002 ***150.00

DO NOT WRITE IN THIS SPACE						
3.	Date Incorporated or Qualifed 05/21/1987	_				•
 4.	FEI Number				Applied For	
	59-2808278			١	Not Applicab	le
 5.	Certificate of Status Desired		•		Additional Required	
6.	Election Campaign Financing Trust Fund Contribution				May Be to Fees	•
8.	This corporation owes the curre Personal Property Tax.	nt year		le es	□No	
 10.	Name and Address of New R	egister	ed Agen	t		
	•					

9. Name and Address of Current Registered Agent 81 Name MOREY, HARTLEY D. 82 Street Address (P.O. Box Number is Not Acceptable) 1986 MY-TERN CT CAPTIVA FL 33924 83 Zip Code 84 85 City

Country

30

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ DELETE 1.1 TITLE ☐ Change TITLE MOREY, HARTLEY 12 NAME NAME 1.3 STREET ADDRESS 1986 MY-TERN CT STREET ADDRESS SANIBEL FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change □ DELETE 2.1 TITLE SD TITLE MOREY, ANNE 2.2 NAME NAME 1986 MY-TERN CT 2.3 STREET ADDRESS STREET ADDRESS SANIBEL FL 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE TITLE TD 3.1 TITLE DIPRETE, ANN 3.2 NAME NAME 10 GROVE ST 3.3 STREET ADDRESS STREET ADDRESS SANDWICH MA 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY+ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 supplies with this limit does not qualify for the examination stated in Section 118.07(3)(f), indicated an 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(11/98)CR2E034