

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90004 015 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # K24418**

1. Corporation Name  
**ISLAMORADA RESORT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 M.M. 82 BAYSIDE  
 89240 OVERSEAS HWY. SUITE 5  
 ISLAMORADA FL 33036  
 US

Mailing Address  
 POST OFFICE BOX 869  
 89240 OVERSEAS HWY. SUITE 5  
 ISLAMORADA FL 33036  
 US

3. Date Incorporated or Qualified  
**05/23/1988**

4. FEI Number  
**65-0056251** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22  
 23 City & State  
 24 Zip Country 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27  
 28 City & State  
 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**OTTO FITZDAM WAYNE**  
**138 PLANTATION AVENUE**  
**TAVERNIER FL 33070**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	OTTO-FITZDAM, WAYNE	
STREET ADDRESS	138 PLANTATION AVENUE	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JACOB, RICHARD	
STREET ADDRESS	81800 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KULISKY, FRANK	
STREET ADDRESS	1101 MASTIC/POST OFFICE BOX 1287	
CITY-ST-ZIP	ISLAMORADA FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Frank Kulisky DATE: 2/8/99 DAYTIME PHONE #: 305-664-0728

CR2E034 (1/98)