

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K68581 (3)
1. Corporation Name
X-ISLE CORP.

Principal Place of Business

437 WASHINGTON AVE.
~~P.O. BOX 130477~~
MIAMI BEACH FL 33139
US

Mailing Address

437 WASHINGTON AVE.
~~P.O. BOX 130477~~
MIAMI FL 33139
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 437 WASHINGTON AVE Suite, Apt. #, etc.	2a. Mailing Address 26 437 WASHINGTON AVE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/27/1989	4. FEI Number 65-0100496 Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 City & State Miami Beach FL	28 City & State Miami Beach FL	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip 33139	25 Country US	29 Zip 33139	30 Country US

9. Name and Address of Current Registered Agent

ROWARS, CHERYL LYN
437 WASHINGTON AVENUE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name Cheryl Lyn Hoffmeister
82 Street Address (P.O. Box Number is Not Acceptable)
437 WASHINGTON AVE
83
84 City Miami Beach FL 85 Zip Code 33139

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROWARS, CHERYL LYN	1.2 NAME	Cheryl Lyn Hoffmeister
STREET ADDRESS	1118 S.E. 8TH AVE.	1.3 STREET ADDRESS	1118 SE 8 AVE
CITY-ST-ZIP	DANIA FL	1.4 CITY-ST-ZIP	DANIA FL 33004
TITLE	D	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROWARS, MARGIE T.	2.2 NAME	MARGIE T. SHULBY
STREET ADDRESS	3742 NE 209 TERR	2.3 STREET ADDRESS	3742 NE 209 TERR
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	Aventura FL 33180
TITLE	D	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROWARS, CHARLES	3.2 NAME	
STREET ADDRESS	4990 SW 52ND ST. #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 this address.

SIGNATURE:

Margie T. Shulby

3/23/98

305
613-5900

CR2E034 (10/97)