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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K86657

ISLAND TECHNOLOGY, INC.

(9)

FILED Mar 11 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				······································			T IBBEGIN GON HAND THE BUILD GARN HAN	UIUN DIERA U		AR FIRM HADI	
% ROBERT K. I 2975 OVERSEA MARATHON FL	S HIGHWAY	2975 OVERSE	% ROBERT K. MILLER 2975 OVERSEAS HIGHWAY MARATHON FL 33050-2235								
							3. Date Incorporated or Qualified 05/09/1989		ate of Last 01/1996		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Applied For	
21	*****	[26]					65-0120482			Not Applicable	
Suite, Apt	#, etc	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired		+	5 Additional Required		
City & State	e i	·	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be	
Zip	Country	Zip		Country	y		8. This corporation has liability for				
24	25	25 29 30					Florida Statutes Yes No				
	9. Name and Address of Cu	rrent Registered Age	ent			-4	10. Name and Address of New Re	gistered	Agent		
MILL	er, robert K.			81	1	Vame					
	OVERSEAS HIGHWAY		82			Street Addres	ss (P.O. Box Number is Not Acceptate	ole)			
MAR	ATHON FL 33050			83	-		***************************************			44444	
				84		Dity			85 Z	ip Code	
					Ľ	ony .		<u> </u>	, 03 2	D C008	
office or r	to the provisions of Sections 607, egistered agent, or both, in the S m lamit ar with, and accept the of	tate of Horida. Such d	change was at	uthorized b	y th	amed corpo ne corporatio	ration submits this statement for the p n's board of directors. I hereby accep	ourpose of of the app	changing ointment	g its registered as registered	
SIGNATURE		a	MOIC	6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			I when reinstating)	DATE			
12.	and the second of the second o	AND DIRECTORS	(NOTE	13.	ent e	signature required	ADDITIONS/CHANGES TO OFFICE		DIRECT	OBS IN 12	
THE	D		DELETE	1.1 TITLE		 			Chang		
NAME	KENNEDY, JOSEPH V.			1.2 NAME						}	
STREET ADDRESS	RT 4 BOX 1029			1.3 STREE	T AD	ORES\$				ļ	
CITY-ST-ZIP	SUMMERLAND KEY FL			1.4 CITY - 5	\$1-Z	ZIP					
TITLE			DELETE	2.1 TITLE					Chang	e	
NAME				2.2 NAME						ļ	
STEU LADDRESS				2.3 STREE	T AD	ORESS				,	
CITY-ST ZIP			Teces	2 4 CITY-	sr-	ZIP	· · · · · · · · · · · · · · · · · · ·				
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NAME				3.2 NAME							
STEEF: ADDRESS				3 3 STREE							
CHA ST-70P TOTEE	,		DELETE	3.4. CITY- 4.1 TITLE	\$1.	ZiP	······································		Chang	e Addition	
NAME		_	beten	4. 2 NAME					Onang	ic C Radilloll	
STREET ADORESS				4.3 STREE		UBEGG					
CHY-ST ZIP				4.4 CITY-5							
THE	produced to the second		DELETE	5.1 TITLE	31-2	LIT .			Chang	e Addition	
NAME		_		5 2 NAME					-		
STREET ALDRESS				5 3 STREE		ORESS					
CHTY - ST- ZIP				5.4 CITY - 5							
TOLE	6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		DELETE	6.1 TITLE					Chang	e 🔲 Addition	
NAME				62 NAME		1					
STREET ADDRESS				6 3 STREE	CA I	ORESS					
OTY-S - ZiP				6.4 CITY-	ST-2	ZIP					

14. Loc 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

JOSEPH V. KENNEDY, Officer