

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

FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K86662 (9)

1. Corporation Name  
ISLAND INVESTMENT SERVICES, INC.

Principal Place of Business  
180 ROYAL PALM WAY  
PALM BEACH FL 33480

Mailing Address  
180 ROYAL PALM WAY  
PALM BEACH FL 33480-4254



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1989		3a. Date of Last Report 02/05/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0122019		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD 1800 MIAMI CENTER MIAMI FL 33131				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWTON, EDWIN ANTHONY T.			1.2 NAME			
STREET ADDRESS	180 ROYAL PALM WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADDOCK, PAUL L. JR.			2.2 NAME			
STREET ADDRESS	180 ROYAL PALM WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHULMAN, ALAN L.			3.2 NAME			
STREET ADDRESS	180 ROYAL PALM WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			3.4 CITY-ST-ZIP			
TITLE	CPD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARPER, MARY SADLER			4.2 NAME			
STREET ADDRESS	180 ROYAL PALM WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			4.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, MONA R.			5.2 NAME			
STREET ADDRESS	180 ROYAL PALM WAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROBERA, PETER S			6.2 NAME			
STREET ADDRESS	180 ROYAL PALM WAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: Mary S. Harper DATE: 1/16/97 561/832-7766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)