

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1989	
21		26		4. FEI Number 65-0122019	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title 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	C D
NAME	NEWTON, EDWIN ANTHONY T.	1.2 NAME	ORLANDO, WARREN S.
STREET ADDRESS	180 ROYAL PALM WAY	1.3 STREET ADDRESS	180 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D	2.1 TITLE	D
NAME	MADDOCK, PAUL L. JR.	2.2 NAME	VIVIER, DONALD
STREET ADDRESS	180 ROYAL PALM WAY	2.3 STREET ADDRESS	180 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D	3.1 TITLE	D
NAME	SHULMAN, ALAN L.	3.2 NAME	MARENO, JOHN
STREET ADDRESS	180 ROYAL PALM WAY	3.3 STREET ADDRESS	180 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	CPD	4.1 TITLE	PD
NAME	HARPER, MARY SADLER	4.2 NAME	HARPER, MARY SADLER
STREET ADDRESS	180 ROYAL PALM WAY	4.3 STREET ADDRESS	180 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VS	5.1 TITLE	
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	6.1 TITLE	
NAME	BROBERG, 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 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 SADLER
1/15/98 5:18/32 766

CR2E034 (10/97)