SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (9) ISLAND TOWER DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 1041 SOUTH COLLIER BLVD. 1041 SOUTH COLLIER BLVD SUITE 401 SUITE 401 MARCO ISLAND FL 33937 MARCO ISLAND FL 33937 3. Date Incorporated or Qualified 3a. Date of Last Report 10/23/1989 07/28/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0151331 Not Applicable 26 21 Suite. Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation has hability for intangible tax under s. 199 032 Zin Country 210 Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOODWARD, MARK M. WOODWARD & WOODWARD, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 801 LAUREL OAK DR., STE. 640 A3 NAPLES FL 33963 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. DATE SIGNATURE Signature: typed or profestinume or required agent and tille if applicable (NOTE: Registered Agent signature required when renistating): (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition 1.1 TITLE TITLE DΡ 1.2 NAME R2E034 NAME BROWN, DARRELL STREET ADDRESS 1041 SOUTH COLLIER BLVD. 1.3 STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL... 1.4 CITY - \$1 - ZIP $\bar{0}$ DELETE Change Addition 2.1 TITLE TITLE DVS 2 2 NAME NAME SMITH, DONALD EIGHT NORTH STATE ST. 2.3 STREET ADDRESS STREET ADDRESS PAINESVILLE OH 2.4 City - St - 7:P CITY-ST-ZIP Change Addition TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 City - St - ZiP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZiP CITY-ST-ZIP DELETE Change Addition 61 THEF TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), F-orida 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 617, Florida Statutes, and that my name appears in Block 12 Block 13 if changed, or op an attachment with an address

SIGNATURE: