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 CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L68289** **(2)**

1. Corporation Name

ISLAND DESIGNS OUTLET, INC.

Principal Place of Business: ~~510 DOSECANESE BLVD. #3 TARPON SPRINGS FL 34689-3128~~

Mailing Address: ~~510 DOSECANESE BLVD. #3 TARPON SPRINGS FL 34689-3128~~

2. Principal Place of Business
21 101 FAIRFIELD ST.
Suite, Apt. #, etc.
22
City & State
23 OLDSMAR
Zip
24 FL
Country
25

2a. Mailing Address
26 101 FAIRFIELD ST.
Suite, Apt. #, etc.
27
City & State
28 OLDSMAR
Zip
29 34677
Country
30

3. Date Incorporated or Qualified: 04/26/1990
3a. Date of Last Report: 08/08/1995
4. FEI Number: 59-3012267 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARQUISE, GREGORY T
~~510 DODECANESE BLVD.~~
~~#3~~
~~TARPON SPRINGS FL 34689~~

10. Name and Address of New Registered Agent

81 Name: GREGORY T. MARQUISE
82 Street Address (P.O. Box Number is Not Acceptable): 101 FAIRFIELD ST.
83
84 City: OLDSMAR FL 85 Zip Code: 34677

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] 8/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MARQUISE, DUSTIN A	
STREET ADDRESS	653 CENTORWOOD DR	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	☐ DELETE
NAME	MARQUISE, GREGORY T.	
STREET ADDRESS	653 CENTERWOOD DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	☐ DELETE
NAME	MARQUISE, SUSAN A.	
STREET ADDRESS	653 CENTERWOOD DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	☐ DELETE
NAME	MARQUISE, DEREK M.	
STREET ADDRESS	653 CENTERWOOD DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	100001919221	☐ Change ☐ Addition
6.2 NAME	-08/12/96--01041--044	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8/1/96 813-855-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #