

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

FILED
Jul 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporate Name	M26313 Island House Inc.
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Principal Place of Business	Mailing Address
2617 PARK ROAD PEMBROKE PARK, FL 33009	SAME

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
1/23/86	
4. FEI Number	Applied For
59-2635827	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. 190.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent
ARTHUR P. ROCHLIN 2617 PARK ROAD PEMBROKE PARK, FL 33009

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 607.0602 and 607.1508, Florida Statutes, the above-named corporation, partnership, or limited liability company, or both, in the State of Florida, such change was authorized by the board of directors, and I, the undersigned, being a duly authorized officer or director of the corporation, partnership, or limited liability company, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title of applicable (RCH) Registered Agent signature required when vesting) /CH

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME
63 STREET ADDRESS	64 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 file 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 change.

SIGNATURE: _____

CR2E034 (9/96)

A. P. 7/14



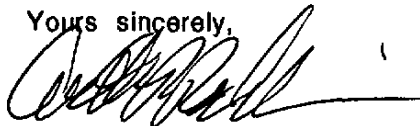
Island House

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern:

As instructed during our phone call to your office today we have whited out and changed a previous annual report form to facilitate filing since we did not receive forms as yet. The information has been updated where appropriate and the signature is an original.
Thank you for your assistance in this matter.

Yours sincerely,



Arthur P. ROCHLIN

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Est. 1961

