

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Mar 25, 1996 08:00 AM**  
**Secretary of State**



DOCUMENT # **M56887** (6)

1. Corporation Name

**THE ISLAND BY SDC, INC.**

Principal Place of Business

**5604 PGA BLVD  
STE 109  
PALM BEACH GARDENS FL 33418  
US**

Mailing Address

**5604 PGA BLVD  
STE 109  
PALM BEACH GARDENS FL 33418  
US**

2. Principal Place of Business

21 **5610 PGA Blvd.**

2a. Mailing Address

26 **5610 PGA Blvd.**

Suite, Apt. #, etc.  
22 **Ste # 114**

Suite, Apt. #, etc.  
27 **Ste # 114**

City & State  
23 **Palm Beach Gardens, FL**

City & State  
28 **Palm Beach Gardens, FL**

Zip Country  
24 Country

Zip Country  
29 Country

3. Date Incorporated or Qualified

**08/05/1987**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0004952**

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

10. Name and Address of New Registered Agent

**SABATELLO, CARL M.  
5604 PGA BLVD  
STE 109  
PALM BEACH GARDENS 33418**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**5610 PGA Blvd. Ste # 114**

83

84 City

**Palm Beach Gardens**

FL

85 Zip Code

**33412**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **SABATELLO, CARL M.**  
CITY-ST-ZIP **5604 PGA BLVD, STE 109  
PALM BCH GDNS FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **5610 PGA Blvd. Ste # 114**  
1.4 CITY-ST-ZIP **Palm Beach Gardens, Florida 33418**

TITLE ☐ DELETE  
NAME **DVP**  
STREET ADDRESS **SABATELLO, THEODORE**  
CITY-ST-ZIP **5604 PGA BLVD S109  
PALM BCH GARDENS FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **5610 PGA Blvd. Ste # 114**  
2.4 CITY-ST-ZIP **Palm Beach Gardens, Florida 33418**

TITLE ☐ DELETE  
NAME **DS**  
STREET ADDRESS **SABATELLO, MICHAEL**  
CITY-ST-ZIP **5604 PGA BLVD S109  
PALM BCH GARDENS FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **5610 PGA Blvd. Ste # 114**  
3.4 CITY-ST-ZIP **Palm Beach Gardens, Florida 33418**

TITLE ☐ DELETE  
NAME **SVP**  
STREET ADDRESS **SABATELLO, PAUL**  
CITY-ST-ZIP **5604 PGA BLVD S109  
PALM BCH GARDENS FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **5610 PGA Blvd. Ste # 114**  
4.4 CITY-ST-ZIP **Palm Beach Gardens, Florida 33418**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/24/96 (407) 626-7600**

CR2E034 (12/95)