


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 03, 1999 8:00 am**  
**Secretary of State**

09-03-1999 90002 037 \*\*\*\*75.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>N97000001473</b> ✓ 1. Corporation Name <b>ISLANDERS SPORTS CLUB, INC.</b>		
Principal Place of Business 1855 SOUTH STATE RD 7 FT LAUDERDALE FL 33317	Mailing Address 1855 SOUTH STATE RD 7 FT LAUDERDALE FL 33317	

612324-90002-37 4 \*



2. Principal Place of Business 21 <b>1855 S. ST RD 7</b>	2a. Mailing Address 26 <b>SAME</b>	3. Date Incorporated or Qualified <b>03/17/1997</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0750628</b>
City & State 23 <b>FT LAUDERDALE</b>	City & State 28 <b>FLORIDA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24 <b>33317</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BABOOLAL, SHARMA 6856 SW 22 ST MIRAMAR FL 33023		81 Name <b>N.A.</b>	85 Zip Code <b>FL</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	

11--Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Shane DeBenedictis* DATE: **9/1/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABOOLAR, SHARMA	1.2 NAME	
STREET ADDRESS	686 SW 22 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYUTER, DERRICK	2.2 NAME	
STREET ADDRESS	1853 S ST RD 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASHEPATTI, JAGRU	3.2 NAME	
STREET ADDRESS	3012 N OCEAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33302	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shane DeBenedictis* PRESIDENT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: **9/1/99**  
 DAYTIME PHONE # **954-587-3633**

CR2E037 (5/99)