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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P21767 1. Corporation Name ISLANDSITES, LTD., INC.			
Principal Place of Business 377 JERUSALEM AVENUE HEMPSTEAD NY 11550		Mailing Address 377 JERUSALEM AVENUE HEMPSTEAD NY 11550	
2. Principal Place of Business 21 2716 Hempstead Tpke Suite, Apt. #, etc. 22 Levittown, NY 11750 City & State 23 11750 Nassau Zip Country 24 25		2a. Mailing Address 26 2716 Hempstead Tpke Suite, Apt. #, etc. 27 Levittown, N.Y. City & State 28 11750 Nassau Zip Country 29 30	
9. Name and Address of Current Registered Agent DABRUZZI, FRED 2081 VISTA DRIVE N. PALM BEACH FL 33408		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City F.L. 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. 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 in line of registered agent; and title if applicable. (NO E: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE PSD NAME KOLE, DOLORES STREET ADDRESS 377 JERUSALEM AVENUE CITY-ST-ZIP HEMPSTEAD NY TITLE CEO NAME DABRUZZI, FRED STREET ADDRESS 2081 VISTA DRIVE CITY-ST-ZIP N. PALM BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 607, 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: Fred Dabruzzi Fred Dabruzzi 4-23-99 516-416-3057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)