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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000017433 (2)

DOCUMENT # 1. Corporation Name **ISLANDER INTERNATIONAL INCORPORATED**

Principal Place	of Business	Mailing Address	Mailing Address						
1210 SOUTH POMPANO BE US	CYPRESS RD. ACH FL 33060	PO BOX 24954 FT LAUDERDALE FL 33307 US							
				3. Date incorporated or Qualified 03/04/1993	3a. Date of Last Report 05/01/1995				
2. Principal Place of Business		2a. Mailing Address			0.	4. FEI Number			Applied For
Suite, Apt. #	etc	26 12 10 S		YPK	ESS KA	65-0415343			Not Applicable
22	, oto.	27	.0.			5. Certificate of Status Desired		•	5 Additional Required
City & State		City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28 POMPANO			<u></u>	Trust Fund Contribution			d to Fees
Zip 24	Country 25	Zip 29 33060	— —	Country 1	15A	8. This corporation has liability for Florida Statutes Yes	ntangible :	tax under s	199 032
24	9. Name and Address of Curre		30	\top	~ 3 /1	10. Name and Address of New R		Agent	
				81	Name				
SHADOW	/ITZ ASSOCIATES P.A.		82 Street Addre			ess (P.O. Box Number is Not Acceptable)			
33 SE 8	ST				Street Poore.	33 (F.O. DOX PROPIDED IS NOT Acceptate	ie;		
STE 100				83					
BOCA R	ATON FL 33432			84	City			85 Zi	ip Code
							FI	_	
or registere	ed agent, or both, in the State of Flo	rida. Such change was au	thorized by th	above n ie corpi	named corpora oration s board	tion submits this statement for the pur Lof directors. I hereby accept the appi	pose of ch pintment a	nanging its i s registered	registered office Jagent. Fam
familiar with	 and accept the obligations of, Sec 	stion 607.0505, Florida Sta	itutes					_	
SIGNATURE		etta dibleretarphoare	(tol) it book to	eed Apen	n symutore requirem	when real stating)	DATE		
12.		ND DIRECTORS	1.			ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTO	DRS IN 12
TITLE	PTS	DELETE	1	1 Tillif				Change	Addition
NAME	DICKIE, KURT D		1.	2 NAME					
STREET ADDRESS	1210 SOUTH CYPRESS RD POMPANO BEACH FL		1.	3 STHEET	ADDRESS				
CITY - ST - ZIP TITLE	POMPANO BEACH FL	☐ DECETE	**************************************	4 CitY+S	F 212				
NAME				1 THÌLE 2 NAME				Change	Addition Addition
STREET ADDRESS					ACIDRESS				
CITY - ST - ZIP			l l	4 CITY - S					
TITLE		☐ DELETE	· · · · · · · · · · · · · · · · · · ·	1 THLE				Change	Addition
NAME			3:	2 NAME					
STREET ADDRESS			3	3 SIREET	ADDRESS				
CITY - ST - ZIP		Flores		4 CITY - S	T - 7IP		4	PT 0	
TITLE NAME		DELETE		1 TIELF				Change	Add-tion
STREET ADDRESS				2 NAME 3 STREET	ADDRESS				
City-St-ZiP				4 City - S	ŀ				
TITLE		☐ DELETE		1 T.TLF				Change	Add tion
NAME			5.	2 NAME					_
STREET ADDRESS			5.	3 STAFFT	ADDRESS				
CITY - ST - ZIP				4 C) TY - S	T - 7iP				
TITLE		☐ DELETE		1 T-TEE				Change	Add tion
NAME CARCEL APORCES				2 NAME	11.00000				
STREET ADDRESS				3 STREET					
14. I do hereby	certify that the information supplied	I with this filing is voluntaril	v furnished ar	4 CITY - S ad idoes	s not qualify for	r the exemption stated in Section 119.	07(3)(k). FI	orida Stat.ri	tes I further
certify that oath; that I	the information indicated on this air am an officer or director of the corp Block 12 or Block 13 if changed, or	nual report of supplementa poration or the localiver or t	i annual repo rustee empo: address	rt is tru wered t	e and accurate o execute this	a and that my signature shall have the report as required by Chapter 607, fix	same lega orida Statu	l effect as i ites; and th	f made under at my name
SIGNAT		OR PRINTED NAME OF SIGNING	DEFICER OR DIR	ECTOR	T. D. Die	ckie 2/20/96		9597 Dayth e Phore	547475