## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000047236 (3) DOCUMENT # ISLAND BODY AND SOL, INC. Principal Place of Business Mailino Address 86741 OLD HIGHWAY 86741 OLD HIGHWAY ISLAMORADA FL 33036 ISLAMORADA FL 33036 US 3. Date Incorporated or Qualified 3a. Date of Last Report 07/06/1993 05/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0429992 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State Orty & State 6. Election Campaign Financing \$5.00 May Be 23 $\Box$ 28 Trust Fund Contribution Added to Fees $Z_{\rm IP}$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes ☐ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CULLEN, RUSSELL H 82 Street Address (P.O. Box Number is Not Acceptable) 99228 OVERSEAS HWY. KEY LARGO FL 33037 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or prioted name of nig started a jet have the maps class CIATE 12. CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPST THE DELETE 1 1 7 116 ☐ Change Add tion MORTON, JAMES C NAME 1.2 NAME STREET ADDRESS 83311 OLD HIGHWAY 1.3 STREET ADDRESS ISLAMORADA FL 33036 CHTY - ST - ZIF 14 CITY - ST - 7IP TITLE DELETE 2 1 THILE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADOPESS CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE [] DELETE 3 1 THUE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City - ST- ZIP TITLE DELFTE 4 1 DILE Change C Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4.01<u>TY - ST - ZIP</u> TITLE DELETE 5 1 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZIP THE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - \$1 - 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 it 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

SIGNATURE:

appears in Block 12 or Block AR if changed, or on an attachment with an address

JAMES C. Morton 5-17-96 305 664-0846