FILE NOW: FILING PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPAR Sandra B Socretar DIVISION OF C	ITMENT OF STATE Mortham Ty of State CORPORATIONS	May 16	5 199' etary c		
DOCUMENT # P930 ISLAND TRANSFER INC. Principal Place of Business 1019 MISSIONWOOD LANE EAST JIRAMAR FL 33025	Mailin 3019	794 (0) ng Addrass MISSIONWOOD LANE MAR FL 33025-2892	EAST				
				3. Date Incorporated or Qualif 08/09/1993	ied 3a. Date 06/03/		port
2. Principal Place of Business	2a. M 26	failing Address		4. FEI Number 65-0433595			plied For Applicable
Suite, Apt. #, etc.		uile, Apt. #, etc.	······································	 Certificate of Status Desired 		\$8.75 A	dditional
City & State	C	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financin Trust Fund Contribution	ng I	\$5.00 Added to	May Be
Zip Country	28	'ip	Country	8. This corporation has liability	for intangible tax	k under s.	
25 9. Name and Address of	29 Current Register	red Agent	30	Florida Statutes 10. Name and Address of New	Yes III		
MIRAMAR FL 33025 1. Pursuant to the provisions of Sections 6 office or registered agont, or both, in the	307.0502 and 607 te State of Florida.	1508, Florida Statuti Such change was a	63 84 Cily	fress (P.O. Box Number is Not Acce poration submits this statement for t tion's board of directors. I hereby a	FL.	85 Zip C hanging its	
1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in th agent. I am familiar with, and accept the SIGNATURE	stered agent and tilked a	applicatile (NOT	B3 B4 City es, the above-named cor authorized by the corpora prida Statutes. I: Registered Agent signature required	poration submits this statement for t tion's board of directors. I hereby a	FL I the purpose of ch ccept the appoin	nanging its itment as i	s registered registered
1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in th agent. I am familiar with, and accept the Signature. typed or printed name of regist 2. OFFICE thue D		applicatile (NOT	83 84 City es, the above-named cor authorized by the corpora brida Statutes.	poration submits this statement for t tion's board of directors. I hereby a	FL I the purpose of ch iccept the appoin DAIL DFFICERS AND D	nanging its itment as i	s registered registered S IN 12
1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in th agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered 2. OFFICE THE D BULLOCK, VIVIAN E 3019 MISSIONWOOD LA	stered agont and title if a RS AND DIRECT(oprikoatsie (NOTI ORS	B3 B4 City es, the above-named cor authorized by the corpora brida Statutes. I: Registered Agent signature requ 13.	poration submits this statement for t tion's board of directors. I hereby a	FL I the purpose of ch iccept the appoin DAIL DFFICERS AND D	nanging its itment as i	s registered registered S IN 12
Pursuant to the provisions of Sections 6 office or registered agont, or both, in the agent. I am familiar with, and accept the Signature, typed or printed name of regis 2. OFFICE THE D BULLOCK, VIVIAN E 3019 MISSIONWOOD LA MIRAMAR FL 33025	stered agont and title if a RS AND DIRECT(ng ilicatule (NOT) ORS ☐ DELETE	B3 B4 City Solution Sol	poration submits this statement for t tion's board of directors. I hereby a	FL the purpose of ch loccept the appoin DATE DEFFICERS AND D	IRECTOR	s registered registered S IN 12
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the IGNATURE Signature, typed or printed name of regist Signature, typed or printed name of regist Signature, typed or printed name of regist OFFICE THE AME Signature, typed or printed name of regist Signature, typed or printed name of regis	stered agont and title if a RS AND DIRECT(oprikoatsie (NOTI ORS	B3 B4 City es, the above-named cor authorized by the corpora orida Statutes. Fogiste ed Agent signature requ 13. 1.17HLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for t tion's board of directors. I hereby a	FL the purpose of ch loccept the appoin DATE DEFFICERS AND D	nanging its itment as i	s registered registered S IN 12
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the NGNATURE Signature, typed or printed name of regist Signature, typed or printed name of regist OFFICE THE AME TREET ADDRESS TY-ST-ZIP	stered agont and title if a RS AND DIRECT(ng ilicatule (NOT) ORS ☐ DELETE	B3 B4 City es, the above-named cor authorized by the corpora orida Statutes. I: Registered Agent signature requ 13. 1.1*HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 (DITY-S1-2)P 2.1 THLE 2.2 NAME	poration submits this statement for t tion's board of directors. I hereby a	FL 1 the purpose of ch locopt the appoin DATE DATE	IRECTOR	s registered S IN 12
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the Signature, typed or printed name of regist 2. OFFICE THE D BULLOCK, VIVAN E 3019 MISSIONWOOD LA MIRAMAR FL 33025 THE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	stered agont and title if a RS AND DIRECT(Application (NOTI ORS DELETE DELETE	B3 B4 City es, the above-named cor authorized by the corpora orida Statutes. Flegiste ad Agent signature requ 13. 1.1*HILE 1.2*NAME 1.3 STREET ADDRESS 1.4 (DTY-S1-ZIP 2.1*HILE 2 NAME 2.3 STREET ADDRESS 2.4 (DTY-S1-ZIP	poration submits this statement for t tion's board of directors. I hereby a	FL 1 the purpose of ch locopt the appoin DATE DATE	IRECTOR	s registered S IN 12
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the Signature, typed or printed name of registering 2. OFFICE THE BULLOCK, VIVAN E 3019 MISSIONWOOD LA MIRAMAR FL 33025 THE MARE TREET ADDRESS TY: ST-ZIP THE AME TREET ADDRESS TY: ST-ZIP	stered agont and title if a RS AND DIRECT(Application (NOTI ORS DELETE DELETE	B3 B4 City es, the above-named cor authorized by the corpora the corpora Statutes. 1: Registered Agent signature requ 13. 1.1*ITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME	poration submits this statement for t tion's board of directors. I hereby a	FL 1 the purpose of ch cccept the appoin DATE DEFICERS AND D	IRECTOR	s registered registered
1. Pursuant to the provisions of Sections 6 office or registered agont, or both, in the agent. I am familiar with, and accept the Signature, typed or printed name of registered aware to printed name of registered agont, or both, in the Bull OCK, Vivian E Bull OCK, Vivian E 3019 MISSIONWOOD LA MIRAMAR FL 33025 ITY-ST-ZIP ITLE AME TREET ADORESS ITY-ST-ZIP ITLE AME TREET ADORESS ITY-ST-ZIP ITLE AME	stered agont and title if a RS AND DIRECT(DELETE	83 84 City es, the above-named corrauthorized by the corporation of the corporation	poration submits this statement for t tion's board of directors. I hereby a	FL 1 the purpose of ch cccept the appoin DATE DEFICERS AND D	IRECTOR: Change	s registered S IN 12 Addition Addition
1. Pursuant to the provisions of Sections 6 office or registered agont, or both, in th agent. I am familiar with, and accept the Signature. typed or printed name of regis 2. OFFICE THE D BULLOCK, VIVIAN E 3019 MISSIONWOOD LA MIRAMAR FL 33025 TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS	stered agont and title if a RS AND DIRECT(INFINICATION (NOT) ORS DELETE DELETE	83 84 City es, the above-hamed cor authorized by the corpora porida Statutes. 1: Registe ed Agent signature requinations 13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 OITY-ST-ZIP 2.1 HILE 2.2 NAME 2.3 STREET ADDRESS 2.4 OITY-ST-ZIP 3.1 HILE 3.2 NAME 3.3 STREET ADDRESS 3.4 OITY-ST-ZIP 4.1 HILE 4.2 NAME 4.3 STREET ADDRESS 3.4 OITY-ST-ZIP 4.1 HILE 4.2 NAME 4.3 STREET ADDRESS 4.4 DITY-ST-ZIP	poration submits this statement for t tion's board of directors. I hereby a	FL 1 the purpose of ch cocept the appoin DATE DEFICERS AND D	IRECTOR: IRECTOR: Change	s registered registered S IN 12 Addition
Pursuant to the provisions of Sections 6 office or registered agont, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of regis 2. OFFICE THE D BULLOCK, VIVIAN E 3019 MISSIONWOOD LA MIRAMAR FL 33025 ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME	stered agont and title if a RS AND DIRECT(DELETE	B3 B4 City es, the above-named cor authorized by the corpora pricta Statutes. 1: Registered Agent signature requinance 13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 THLE 5.2 NAME	poration submits this statement for t tion's board of directors. I hereby a	FL 1 the purpose of ch cocept the appoin DATE DEFICERS AND D	IRECTOR: Change	s registered S IN 12 Addition Addition
1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in th agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered 2. OFFICE THE D BULLOCK, VIVIAN E 3019 MISSIONWOOD LA	stered agont and title if a RS AND DIRECT(INFINICATION (NOT) ORS DELETE DELETE	B3 B4 City es, the above-named cor authorized by the corpora pricta Statutes. 1: Registered Agent signature requinations 13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CHY-ST-ZIP 5.1 THLE	poration submits this statement for t tion's board of directors. I hereby a	FL 1 the purpose of ch cocept the appoin DATE DEFICERS AND D	IRECTOR: IRECTOR: Change	s registered registered S IN 12 Addition