

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000065868 (0)

1. Corporation Name

DILLAN ISLE II, INC.



Principal Place of Business

Mailing Address

3267 ST. ANNE'S DRIVE
BOCA RATON FL 33496

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BOCA RATON FL 33496

3. Date Incorporated or Qualified 09/22/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0440871	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, ANDREW R
3267 ST. ANNE'S DRIVE
BOCA RATON FL 33496

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 name of registered agent and then applicable

Signature typed or printed name of new registered agent and then applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, BETH		1.2 NAME	
STREET ADDRESS	3267 ST. ANNE'S DR.		1.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL 33496		1.4 CITY-STATE-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, MARK		2.2 NAME	
STREET ADDRESS	3267 ST. ANNE'S DR.		2.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL 33496		2.4 CITY-STATE-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-STATE-ZIP			6.4 CITY-STATE-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 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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Greenberg

4/23/96 (467)362-9743

CR2E034 (12/95)