FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000073040 (6) DOCUMENT

ISLAND'S END DEVELOPMENT, INC.

Principal Place of Business Mailing Address

FILED Jul 16 1998 8:00am Secretary of State



9701 TAYLO	DRSVILLE RD. KY 40 299	P.O. BOX 528 EASTPOINT FL 32328			DO NOT WRIT	E IN THIS S	RÞ∆∩F			
<u> </u>						3. Date incorporated or Qualified 10/07/1993	LINTING	# AOL		7
L '	Place of Business	2a. Mailing Address			4. FEI Number		\Box	Applied For		
21		26			59-3225003			Not Applicable	3 }	
Suite, Apt. #, efc. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required			
City & State		City & Stato			6. Election Campaign Financing Trust Fund Contribution	~ _ +5.55 (112,55				
Zip 24	Country 25	Zip 29	Cour 30			8. This corporation owes or has paid the current year Intangit Personal Property Tax due June 30.				
	9, Name and Address of Currer					10. Name and Address of New R	egistered /	Agent]
	Orporation information se	RVICES INC.		81	Name					
1201 HAYS ST.				62	Street A	et Address (P.O. Box Number is Not Acceptable)				
T.	ALLAHASSEE FL 32301					, , , , , , , , , , , , , , , , , , ,	·			4
				В3						
				84	City		<u> </u>	85 Z	ip Code	1
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the at authorized	oove- d by t	named c	corporation submits this statement for the oration's board of directors. I hereby acce	FL purpose of ppt the app	changing olntment	g its registered as registered	1
agent. I I SIGNATURE										
12.	Signature, typed or printed name of registered agree OFFICERS AN		L: Registered	Ageni	t signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECT	OF 141 200	- G
TITLE	DP	DELETE 1.1 TI		TLE		ADDITIONO/OTTANGES TO OTT	CENS AND	Change		
NAME	LEWELLYN, FLOYD	1.2 N/								
STREET ADDRESS	9701 TAYLORSVILLE RD.		1.3 ST	1.3 STREET ADDRESS						ြု
CITY-ST-ZIP	LOUISVILLE KY 40299	1.4 CF		TY-ST-	ZIP					CR2E034
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NAME			2 2 NA	ME						1
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CITY-ST-ZIP	LOUISVILLE KY 40299			TY-ST	- ZIP		·			4
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NAME CIDEST ADDRESS			3.2 NA							
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NAME	<u> </u>		4. 2 NA		İ			Ontarige	,	
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CITY-ST-ZIP				Y-ST-						
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NAME			5.2 NA	ME				·	_	
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CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP				_	
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NAME			6.2 NA	ME		20000259 -07/17/98010	iSoš	<u> </u> 22	U.	111
STREET ADDRESS			6.3 STREET		DORESS	-07/17/98010	58U4	ろ	k_{ν}	N,

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.