SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # P94000073466 (2) ISLAND QUEEN EXCURSIONS, INC. Mailing Address Principal Place of Business 9634 AUDUBON LANE 9634 AUDUBON LANE CRYSTAL RIVER FL 34429 3a. Date of Last Peport **CRYSTAL RIVER FL 34429** 3. Date Incorporated or Qualified 08/10/1995 09/30/1994 Applied For FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 59-3280853 26 \$8.75 Additional 21 5. Certificate of Status Desired Suite Apt. #, etc. Fee Required Suite, Apt #, etc 27 \$5,00 May Be 6. Election Campaign Financing 22 City & State City & State Aded to Fees Trust Fund Contribution unders 199.032. 28 This corporation has fiability for intangible to Country Zip] Yes 📝 No Country Zip Florida Statutes 30 29 Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent TODAR, MICHAEL BRUCE Street Address (P.O. Box Number is Not Acceptable) 82 9634 AUDUBON LANE CRYSTAL RIVER FL 34429 83 85 Zip Code City 84 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)SIGNATURE Signature, typical or printed course of regilitered agent, and tibe if applicable 13. OFFICERS AND DIRECTORS Change Addition 12 DELETE 1 UTILE CR2E034 D TITLE 1.2 NAME TODAR, MICHAEL B NAME 1.3 STREET ADDRESS 9634 AUDUBON LANE STREET ADDRESS 1.4 CITY - ST - ZIP Change Addition **CRYSTAL RIVER FL 34429** CITY - ST - ZIP DELETE 2 1 1111.5 TITLE 2.2 NAME NAME 2.3 STREET ACORESS STREET ADDRESS 2 4 CITY - ST - 7P Change Addition CITY - ST - ZIP DELETÉ 3.1 TiTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP Change ___ Addition CITY-ST-ZIP DELETE 4 1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP Change Addition CITY-SI-ZIF DELETE 51700.6 THILE NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELFTE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 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 Statules 1 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 617, Florida Statutes; and that my name appears in Block 12 of Juck 13 och anged or on an attachment with air address.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

that my name appears in Block

SIGNATURE:

8/6/96 352-563-0773