Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90178 026 \*\*\*150.00

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

B. 4 - Ulman Andalas and

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000084463

ISLAND MEN INTERNATIONAL, INC.

| Principal Place                            | of Business   | Maining Address  |                           |              | 1                             |                            |                         |                                |             |  |
|--|---|--|---------------------------|--------------|-------------------------------|----------------------------|-------------------------|--------------------------------|-------------|--|
| 1771 OWASCO ST.<br>WINTER SPRINGS FL 32708 |   | 1771 OWASCO ST.<br>WINTER SPRINGS FL 32708                           |                           |              |                               |                            |                         |                                |             |  |
|  |   |  |                           |              |                               | DO NOT WRITE               | IN THIS SPAC            | E                              |             |  |
|  |   |  |                           |              | 3. Date Inc                   | orporated or Qualifed      |                         |                                |             |  |
|  |   |  |                           |              | 11/15/                        | 1994                       |                         |                                | ì           |  |
| Dringing Di                                | ace of Business   | 2a. Mailing Address  |                           |              | 4 FEI Nun                     |                            |                         | Apc                            | lied For    |  |
|  | ace of business   |  |                           |              | 59-328                        |                            | -                       |                                | Applicable  |  |
| 21   |   | 26   |                           |              | <del>35.02.0</del>            | اكراكان                    |                         |                                |             |  |
| Suite, Apt. #, etc.                        |   | Suite, Apt. #, etc.  |                           |              | 5. Certifo at                 | e of Status Desired [      |                         | \$8.75 Additional Fee Required |             |  |
| City & State                               |   | City & State   |                           |              | s Election                    | Campaign Financing r       | \$                      | 5.00 r                         | /lav Be     |  |
| <b>¬</b> '                                 |   | <u> </u>   |                           |              |                               | nd Contribution            |                         | dded to                        | , ,         |  |
| 23   |   | Zip Country  |                           |              |                               |                            |                         |                                |             |  |
| Zip  | Country   |  | _ '                       | y            |                               | poration owes the current  | t year ntangibi<br>∏ Ye |                                | □No         |  |
| 24   | 25  | 29 3   | 0                         |              |                               | Property Tax.              |                         |                                |             |  |
|  | <ol> <li>Name and Address of Curren</li> </ol>                                    | Registered Agent   |                           |              |                               | nd Address of New Reg      | jistere d Agent         |                                |             |  |
|  | •   |  | 81                        | Nam          | n <del>e</del>                |                            |                         |                                |             |  |
| PROF                                       | kscha, H <b>erbe</b> rt J   |  | L.                        | <u> </u>     |                               |                            |                         |                                |             |  |
| 1771                                       | OWASCO ST.  |  | 82                        | ! Stre       | et Address (P.O. Bo)          | Number is Not Acceptable   | e)                      |                                |             |  |
|  | ER SPRINGS FL 32708   |  | <u>-</u> -                |              |                               |                            |                         |                                |             |  |
| 11111                                      | EN SETTINGS TE SET SO   |  | 83                        | 1            |                               |                            |                         |                                | İ           |  |
|  |   |  | 84                        | City         |                               |                            | 85                      | Zip C                          | ode         |  |
|  |   |  |                           |              |                               |                            | FLI                     | '                              |             |  |
| 11. Pursuaint t                            | to the provisions of Sections 607.050 egistered agent, or both, in the State      | 2 and 607.1508, Florida Statutes                                     | the abov                  | e-name       | ed corporation submits        | this statement for the pu  | irpose of chang         | ing its r                      | egistered   |  |
| office or re<br>agent. I ar                | egistered agent, or both, in the State<br>in familiar with, and accept the obliga | of Florida. Such change was aut<br>Lons of, Section 607.0505, Florid | horized by<br>da Statute: | the co<br>s. | rporation's board of th       | rectors. I nereby accept t | пе арропипен            | i as i <del>e</del> g          | stered      |  |
| SIGNATURE                                  |   |  |                           |              |                               |                            |                         |                                |             |  |
|  | Signature, typed or printed nome of registered ager                               |  | Registered Age            | ent signatu  | re required when reinstating) |                            | DATE                    |                                |             |  |
| 12.  | OFFICERS AN   | D DIRECTORS  | 13.                       | _            | ADDITIO                       | NS/CHANGES TO OFFIC        |                         |                                |             |  |
| TITLE                                      | D   | ☐ DELETE   | 1.1 TITLE                 |              | $\perp D$                     | >                          |                         | hange                          | ☐ Addition  |  |
| NAME                                       | PROKSCHA, HERBERT J   |  | 1.2 NAME                  |              | PRO からこれ                      | A HTRBERT<br>ANDSTREET     | $\checkmark$            |                                |             |  |
|  | 1771 OWASCO ST.   |  | 4.0 07000                 | T ADDRE      | ss /3/1/ = 1                  | ANDSTRUKT                  | $^{\prime}$ $S$         |                                |             |  |
| STREET ADDRESS                             |   |  |                           |              | 33 /2/ /_ /3                  | ~ ~ ~ 2\0°                 | 1/                      |                                |             |  |
| CITY-ST-ZIP                                | WINTER SPRINGS FL 32708   |  | 1.4 CITY-:                | ST-ZIP       | OKLANCO                       | 0 FL 3282                  | <del>~~</del> ~~        | hange                          | TA LEGG.    |  |
| TITLE                                      | D   | ☐ DELETE   | 2.1 TITLE                 |              | 1 /2                          |                            | $\nabla M$              | nange                          | ☐ Addition  |  |
| NAME                                       | PROKSCHA, VALERIE A   |  | 2.2 NAME                  |              | PROKECH                       | A VALERIE                  | E PA                    |                                |             |  |
| STREET ADDRESS                             | 1771 OWASCO ST.   |  | 2.3 STREE                 | T ADDRE      | 88 13.07 1                    | ANDSTRAPT                  | - RD                    |                                |             |  |
|  |   |  | 1                         |              | 00/ 10/2                      | 0 FL. 3283                 | ril .                   |                                |             |  |
| CITY-ST-ZIP                                | WINTER SPRINGS FL 32708   |  | 2 4 CITY-                 | SI-ZIP       | CALARE                        | 0,10,000                   | <del></del>             | hange                          | Addition    |  |
| TITLE                                      |   | ☐ DELETE   | 3.1 TITLE                 |              |                               |                            |                         | nange                          | L. Addition |  |
| NAME                                       |   |  | 3.2 NAME                  |              |                               |                            |                         |                                |             |  |
| STREET ADDRESS                             |   |  | 3.3 STREE                 | T ADDRE      | ss                            |                            |                         |                                |             |  |
| CITY-ST-ZIP                                |   |  | 3.4 CITY-                 | ST. 7ID      |                               |                            |                         |                                |             |  |
|  | · · · · · · · · · · · · · · · · · · ·   | ☐ DELETE   | 4.1 TITLE                 | <b>ΟΙ</b> Ε. |                               |                            |                         | hange                          | Addition    |  |
| TITLE                                      |   |  | 1                         |              |                               |                            |                         | Ü                              | _           |  |
| NAME                                       |   |  | 4. 2 NAME                 |              |                               |                            |                         |                                |             |  |
| STREET ADDRESS                             |   |  | 4.3 STREE                 | ET ADDRE     | SS                            |                            |                         |                                |             |  |
| CITY-ST-ZIP                                |   |  | 4.4 CITY-                 | ST-ZIP       |                               |                            |                         |                                |             |  |
| TITLE                                      |   | ☐ DELETE   | 5.1 TITLE                 |              |                               |                            |                         | Change                         | Addition    |  |
| NAME                                       |   |  | 5.2 NAME                  |              |                               |                            |                         |                                |             |  |
|  |   |  | 5.3 STRFI                 | ET ADDRE     | ss                            |                            |                         |                                |             |  |
| STREET ADDRESS                             |   |  | 5.4 C(TY-                 |              |                               |                            |                         |                                |             |  |
| CITY-ST-ZIP                                |   |  |                           |              |                               |                            | ——— <del>—</del>        | `ha=aa                         | - Addition  |  |
| TITLE                                      |   | ☐ DELETE   | 6.1 TITLE                 |              |                               |                            |                         | hange                          | ☐ Addition  |  |
| NAME                                       |   |  | 6.2 NAME                  |              |                               |                            |                         |                                |             |  |
| STREET ADDRESS                             |   |  | 6.3 STRE                  | ET ADDRE     | ss                            |                            |                         |                                |             |  |
| UNITED ADDITIONS                           |   |  | •                         |              | 1                             |                            |                         |                                |             |  |

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 the my name appears in Block 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.