

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90164 009 ***793.75

DOCUMENT # P94000087074

1. Corporation Name
ISLE OF CAPRI ASSOCIATES, INC.



Principal Place of Business
215 5TH ST.
108
WEST PALM BEACH FL 33401
US

Mailing Address
350 ROYAL POINCIANA WAY
SUITE 3C
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1994

4. FEI Number
65-0537961

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEATON, LINN D
350 ROYAL POINCIANA WAY
STE 3C
PALM BEACH FL 33480

81 Name

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

215 Fifth St #108

83

84 City W Palm Beach

FL 85 Zip Code

33401

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME HEATON, GEORGE W
STREET ADDRESS 215 5TH ST. #108
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Linn D Heaton
1.3 STREET ADDRESS 215 Fifth St #108
1.4 CITY-ST-ZIP WPB. FL 33401

2.1 TITLE VP/S/T
2.2 NAME Lec W Heaton
2.3 STREET ADDRESS 215 Fifth St #108
2.4 CITY-ST-ZIP WPB. FL 33401

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

561.832.4050

Daytime Phone #

CR2E034 (11/98)

0319907