

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

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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000006024 (0)

1. Corporation Name
ISLAND GOVERNOR, INC.

Principal Place of Business

1330 OCEAN DRIVE
4TH FLOOR
MIAMI BEACH FL 33139

Mailing Address

1330 OCEAN DRIVE
4TH FLOOR
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1995

4. FEI Number

65-0551895

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HART, SUSAN (WENDY)
STREET ADDRESS 1330 OCEAN DRIVE, 4TH FLOOR
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ DELETE

NAME MESTEL, LAWRENCE
STREET ADDRESS 825 8TH AVE., 24TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME SUSAN WENDY HART
1.3 STREET ADDRESS 1330 OCEAN DRIVE 4TH FL
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE DIRECTOR, VICE PRES ☐ Change ☐ Addition

2.2 NAME LAWRENCE MESTEL
2.3 STREET ADDRESS 4 COLUMBUS CIRCLE 5TH FL
2.4 CITY-ST-ZIP NEW YORK, NY 10019

3.1 TITLE SECRETARY, TREASURER ☐ Change ☒ Addition

3.2 NAME MEG FRIEDMAN
3.3 STREET ADDRESS 4 COLUMBUS CIRCLE 5TH FL
3.4 CITY-ST-ZIP NEW YORK, NY 10019

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:  MEG FRIEDMAN

Date

Daytime Phone #

0198318

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