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

PROFIT CORPORATION ANNUAL REPORT 1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE

04-16-1999 90041 037 ***150.00

DOCUMENT # P95000007219

1. Corporation Name

ISLAND 1	IN THE SUN INC					
Principal Place	e of Business	Mailing Address			[0 0 1 0 0 1 1 0 1 0 1 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 1 0 0 1	90ff£ 60fff 106f0 1188f 116t0 1814 1601
108 PARADISE HARBOR BLVD. SUITE 302 NORTH PALM BEACH FL 33408 108 PARADISE HARBOR BLVD. SUITE 302 NORTH PALM BEACH FL 33408 108 PARADISE HARBOR BLVD. SUITE 302 NORTH PALM BEACH FL 33408				DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed	
		To Marking Address			01/26/1995 4. FEI Number	Applied For
2. Principal Pl	ace of Business	2a. Mailing Address	alling Address		"	Not Applicable
		Suite, Apt. #, etc.	nt # etc		65-0550223	\$8.75 Additional
Suite, Apt. #, etc.		- ├ ─ ` ` ` `	7		5. Certifcate of Status Desired	Fee Required
22 City & State			City & State		6 Election Campaign Financing	\$5.00 May Be
23		— ·	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current year	ar Intangible
24	25	29	30		Personal Property Tax.	¥ Yes □ No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent
			81	Name		,
DIPERT, JON L.			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
108 PARADISE HARBOR BLVD.						
SUITE 302			83			
NORTH PALM BCH. FL 33408			84	City		FL 85 Zip Code
office or no agent. I as	to the provisions of Sections 60' Jose egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was aut tions of, Section 607.0505, Florid	thorized by da Statutes	the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	ppointment as registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	1		☐ Change ☐ Addition
NAME	•		1.2 NAME	1		1
STREET ADDRESS				T ADDRESS		-
CITY-ST-ZIP	NORTH PALM BEACH FL 3340		1.4 CITY-S	T- ZIP	W. T.	
TITLE			2.1 TITLE			Change Addition
NAME	221		2.2 NAME	İ		
STREET ADDRESS		•	2.3 STREET	T ADDRESS		
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP		
TITLE	<u></u>		3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	32 N		3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS		Ì
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 TITLE	Ī		☐ Change ☐ Addition
NAME			4. 2 NAME			}
STREET ADORESS				TADDRESS		}
CITY-ST-ZIP		Пост	4.4 CITY-S	T-ZIP	***	Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			☐ cuariãe ☐ vaciatir :
NAME				T ADDRESS		
STREET ADDRESS			5.4 CITY-S			İ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	11- ZIF		☐ Change ☐ Addition
TITLE			6.2 NAME			——————————————————————————————————————
NAME STREET ADDRESS				T ADDRESS		

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP