

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90225 043 ***150.00

DOCUMENT # P95000007252

1. Corporation Name

~~ISLAND DREAMS CORPORATION~~

ISLAND GIRL GRAPHICS, INC.

Principal Place of Business

Mailing Address

5150 S.W. 48TH WAY
SUITE 602
DAVIE FL 33314

5150 S.W. 48TH WAY
SUITE 602
DAVIE FL 33314



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1995

4. FEI Number

65-0574659

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1208 N. UNIVERSITY DR.

Suite, Apt. #, etc.

22

City & State

23 PLANTATION, FL

Zip

24 33322

Country

25 USA

2a. Mailing Address

26 1208 N. UNIVERSITY DR.

Suite, Apt. #, etc.

27

City & State

28 PLANTATION, FL

Zip

29 33322

Country

30 USA

9. Name and Address of Current Registered Agent

~~GREENE, WILLIAM~~
~~4698 NORTHWEST 103RD AVENUE~~
~~SUNRISE FL 33351~~

10. Name and Address of New Registered Agent

81 Name

JAY SOLOWSKY

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

MUSEUM TOWER SUITE 2000

83

150 W. FLAGLER STREET

84 City

MIAMI

FL

85

Zip Code

33130

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

28 APRIL 99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BEATRIZ, NIECKELE	
STREET ADDRESS	5150 S.W. 48TH WAY, SUITE 602	
CITY-ST-ZIP	DAVIE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	STEVENSON, CAPT. DICK	
STREET ADDRESS	5150 SW 48TH WAY SUITE 602	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1208 N. UNIVERSITY DR.
1.4 CITY-ST-ZIP	PLANTATION, FL 33322
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1208 N. UNIVERSITY DR.
2.4 CITY-ST-ZIP	PLANTATION, FL 33322
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Captain Dick Stevenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0294419