

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

DOCUMENT # P95000013296

1. Corporation Name

ISLEUTH. COM, INC.

Principal Place of Business

213-11 NW 2ND AVE
NO MIAMI FL 33169

Mailing Address

213-11 NW 2ND AVE
NO MIAMI FL 33169

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90035 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1995

4. FEI Number

65-0580634

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 3419 Galt Ocean DR.

2a. Mailing Address

26 3419 Galt Ocean DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. Lauderdale, FL

City & State

28 FT. Lauderdale, FL

Zip

24 33308

Country

25 USA

Zip

29 33308

Country

30 USA

9. Name and Address of Current Registered Agent

TAULE, ALFRED
213-11 NW 2ND AVE
NO. MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

David Glusberg

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

1570 Madriva Ave 211

83

84 City

Coral Gables

FL

85 Zip Code

33146

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

2/2/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME TAULE, THOMAS
STREET ADDRESS 213-11 NW 2ND AVE
CITY-ST-ZIP NO MIAMI FL 33169

TITLE S ☒ DELETE

NAME TAULE, ALFRED
STREET ADDRESS 213-11 NW 2ND AVE
CITY-ST-ZIP NO MIAMI FL 33169

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 ☒ Change ☐ Addition

1.2 NAME Director
THOMAS J. Taule
1.3 STREET ADDRESS 3389 Sheridan Street #180
1.4 CITY-ST-ZIP Hollywood, FL 33021

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME President
JOHN J. Bennett
2.3 STREET ADDRESS 3419 Galt Ocean
2.4 CITY-ST-ZIP FT. Lauderdale, FL 33308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Thomas J. Taule
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 (954) 983-5354
Date Daytime Phone #

CR2E034 (11/98)