

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY 18 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000043071
 1. Entity Name **Fisher Island Development Corp.**
c/o Dr. Massimo Bagni
Studio Fasol Bagni Bosco Via Giberti, 7
Verona, IT 37122

Principal Place of Business Studio Fasol Bagni Bosco Via Giberti, 7 Verona, IT 37122	Mailing Address Studio Fasol Bagni Bosco Via, Giberti, 7 Verona, IT 37122
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2. Principal Place of Business Studio Fasol Bagni Bosco Suite, Apt. #, etc. Commerialisti Associati City & State Via Dominutti 20 Zip 37135 Verona, ITALY	3. Mailing Address Studio Fasol Bagni Bosco Suite, Apt. #, etc. Commerialisti Associati City & State Via Dominutti 20 Zip 37135 Verona, ITALY
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4. FEI Number **98-0163672** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
F & L Corp.
200 Laura Street
Jacksonville, FL 32202

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

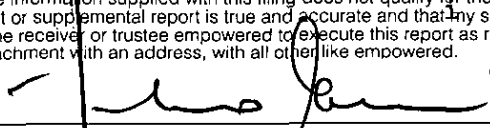
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Buzzi, Giampaolo Via Giberti, 7 Verona, IT 37122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Caldogno, Francesco Via Giberti, 7 Verona, IT 37122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Angeli, Cesare Via Giberti, 7 Verona, IT 37122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003267265--6 -05/25/00--01097--013 ****558.75 ****558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Giampaolo Buzzi** Date **5/17/00** Daytime Phone # **(407) 423-7656**

CR2E034 (9/99)