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PROFIT CORPORATION --ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090718 (4) ISLAND BEACH LEASING, INC.

FILED May 06 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address			1 15011501 1501			, (41. 704.	
4243 NORTHLAKE BLVD. STE D PALM BEACH GARDENS FL 33410			4243 NORTHLAKE BLVD. STE D PALM BEACH GARDENS FL 33410-8278						
					3. Date incorporated or Qua 11/21/1995	alified 3a. Date 04/08		eport	
Principal Place of Business 21		 1	2a. Mailing Address 26			4. FEI Number APPLIED FORUS - OUA 4391 Applied For Not Applicable			
Suite, Apt #	⊭, e1 c.	Suite, Apt. #, et	c.	.,	5. Certificate of Status Desir	red 🔲	\$8.75 / Fee Re	Additional	
22		City & State							
City & State	•	28			6. Election Campaign Finance Trust Fund Contribution	cing —	\$5.00 Added 1		
23 Zip	Country	Zıp	Count	rv	This corporation has liability				
24	25	29	30	•	Florida Statutes	Yes K		155.002,	
	9. Name and Address of Cur		1651		10. Name and Address of N				
CLAI	PP, RHIANNON		8	1 Name	a D. Lanczi				
	NORTHLAKE BLVD. STE D		_			o contoble)			
	M BEACH GARDENS FL 334	10	8	42432	ress (P.O. Box Number is Not Ac D Northlake Blvd.	ceptable)			
		•	8						
			8-	4 City 1 m 1	Beach Gardens	· FL	85 Zip	Çode 1 n	
44 Downwood t	the provisions of Castiana CO7	0500 and 607 1509 Florida	Statutes the she	1 atili 1	poration submits this statement for	or the purpose of of	Pocione it	e registeren	
office or re	egistered agent, or both, in the S	tate of Florida, Such change	was authorized b	by the corpora	poration submits this statement for tion's board of directors. I hereby	y accept the appoin	itment as	registered	
anant Lar	n familiar with, and accept the ol	bligations of, Section 607,05	i05, Florida Statuti	es. /	_ •	4.20.01	-7		
	// -1 // /	/1	• 1 / 3	/ ~ . ^					
SIGNATURE 9	Anitra V. Lane	· A	nitra U.	Lanc		4-29-9'	<u>/</u>		
SIGNATURE 9	Aniha J. Lowe.	A diagent and title of applicable	Note: Registered A	Lanc	lred when reinstating)	DATE		C IN 10	
SIGNATURE \$	Hubay Loue Sign it us, typed or punited name of registrer OFFICERS	d agent and title d applicable AND DIRECTORS	nitra (). (NOTE: Registered A	Cahc geni signature requi	ilred when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND D	RECTOR		
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(561)627-7988