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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMEN

Sandra B. Mor

Secretary of St

DIVISION OF CORPO HONS

## **FILED** Feb 09 1998 8:00am Secretary of State

1. Corporation ISLAND Principal Place	TECH, INC.	Mailing Address			
		MILE MARKER 31. INDUS BIG PINE KEY FL 33043			
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified 05/24/1996	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0674916	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & State	Ð	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Contry	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	current year Intangible
24	25 g. Name and Address of Curr	29 ent Registered Agent	30	10. Name and Address of New Register	_
CO	LL, ARMANDO D	on ringistores Agoin	81 Name	10,	
	E. 1, BOX 713		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
BIG PINE KEY FL 33043			82 Street Add	Gress (P.O. Box Mulliber is Not Acceptable)	
5.0			83		
			84 City		85 Zip Code
					- L_
office or reagent. Lai	to the provisions of Sections but the egistered agent, or both, in the Sta m familiar with, and accept the obl			rporation submits this statement for the purpos ation's board of directors. I hereby accept the	
	Signature, typed or printed hame of registered a			uired when reinstating) DA  ADDITIONS/CHANGES TO OFFICERS	
12.	OFFICERS A	ND DIRECTORS DELETE	13.5 1.1 TALE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	COLL, ARMANDO D		1.2 NAME		<u> </u>
STREET ADDRESS	114 CUTTHROAT DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CUDJOE FL 33042		1.4 CITY - ST - ZIP		
TITLE	DST	DELETE	2.1 TITLE		Change Addition
NAME	COLL, MICHELLE		2.2 NAME		
STREET ADDRESS	114 CUTTHROAT DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CUDJOE FL 33042		2. 4 City - St - ZiP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETÉ	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE NAME		- OFFICE	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CTY-ST-ZIP		
14. I hereby of indicated	certify that the information supplied on this annual report or supplemen	with this filing does not qualify for ital annual report is true and acc	or the exemption stated curate and that my signa	in Section 119.07(3)(i), Florida Statutes. I furthe dure shall have the same legal effect as if mad	er certify that the information e under oath; that I am an

officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 an attachment with an address.