**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

**FILED**
**Mar 09, 1999 8:00 am**
**Secretary of State**
03-09-1999 90108 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000050198**

1. Corporation Name
TIMES OF THE ISLANDS, INC.

Principal Place of Business
C/O ISLAND FINANCIAL SERVICES
2440 PALM RIDGE RD
SANIBEL FL 33957

Mailing Address
C/O ISLAND FINANCIAL SERVICES
2440 PALM RIDGE RD
SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/10/1996

2. Principal Place of Business
21 1619 PERIWINKLE WAY
22 Suite, Apt. #, etc. SUITE #102 C/O T. LOUWERS
23 City & State SANIBEL FL
24 Zip 33957 25 Country

2a. Mailing Address
26 P.O. BOX 1227
27 Suite, Apt. #, etc.
28 City & State SANIBEL FL
29 Zip 33957 30 Country USA

4. FEI Number
65-0713442
☐ Applied For
☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

OWENS, DAVID
C/O ISLAND FINANCIAL SERVICES
2440 PALM RIDGE RD
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name THOMAS R. LOUWERS, M.S.T.
82 Street Address (P.O. Box Number is Not Acceptable) 1619 PERIWINKLE WAY
83 SUITE #102
84 City SANIBEL FL 85 Zip Code 33957

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 Thomas R Louwers 2/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PELS, ROELAND P<br>~~2440 PALM RIDGE RD~~<br>SANIBEL FL 33957 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P<br>ROELAND P. PELS<br>6430 PINE AVE<br>SANIBEL FL 33957 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~D~~<br>~~OWENS, DAVID A~~<br>~~2440 PALM RIDGE~~<br>~~SANIBEL FL 33957~~ | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~D~~<br>~~MARIA FERNANDES~~<br>~~6~~ | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP | D<br>MARIA FERNANDES<br>6430 PINE AVE<br>SANIBEL FL 33957 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | P<br>FRIEDRICH N. JAEGER<br>6430 PINE AVE<br>SANIBEL FL 33957 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Friedrich Jaeger FRIEDRICH N. JAEGER (PRES) 2/11/99 (941) 472-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)