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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000069426 (0)

ISLAND ACCOUNTING AND CONSULTING SERVICES, INC.

FILED Feb 02 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		4 HODINGO ITO HOUSE DI	LIL GOLLF ORLFO ALLIN ISTLE DIOLO HIDIO MILL INDI	
P O BOX		P O BOX 2712		•		
KEY WEST		KEY WEST FL 33045		50 1107 110	TE IN THE OD OF	
/					TE IN THIS SPACE	
				3. Date Incorporated or Qualifie	o	
9 Principal I	Place of Business	2a. Mailing Address		08/20/1996 4. FEI Number		
21 110		26 1107 Ka	4 /LAZ/		Applied For	
Suite, Apt		Suite, Apt. #, etc.	1-1-5	65-0690719	Not Applicable	
22 701		27 20		5. Certificate of Status Desired	Fee Required	
23	West, FL	City & State WES	T, FC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	29 33×40	Country	8. This corporation owes or has	paid the current year Intangible	
24 354	040 25 USA		30 USA	Personal Property Tax due Ju		
	9, Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent	
	DANFORD, DON M III		81 Name	9		
6531 MALONEY AVE #10 KEY WEST FL 33040			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)		
'	(E) (1E) (E) (O) (E)		83			
			84 Cily		85 Zip Code	
44 Durnuant	to the provisions of Sections 607 0503	and 607 1509. Elorido Statuto	the above poore	d corporation submits this statement for the	FL as zip cooe	
office or	registered agent, or both, in the State of amiliar with, and accept the obligat	of Florida. Such change was at	uthorized by the co	rporation's board of directors. Thereby acc	e purpose or crianging its registered cept the appointment as registered	
SIGNATURE	Clearly a bundley printed areas of an elevel and account	Alore	0.00			
12.	Signature typed or printed name of registered agent OFFICERS AND		13.	re required when reinslating)	DATE FICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OF	Change Addition	
NAME	DANFORD, DON M III		1.2 NAME			
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ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in