

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070177 (6)

1. Corporation Name

ISLAND TRADITIONALS, INC.

FILED

97 JUL -7 AM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

337 SOUTHWEST 188 TERRACE
PEMBROKE PINES FL 33029

Mailing Address

337 SOUTHWEST 188 TERRACE
PEMBROKE PINES FL 33029-5441

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

29 Zip

30 Country

P.O. BOX 823873

South Florida, Florida

33082

USA

3. Date Incorporated or Qualified
08/22/1996

3a. Date of Last Report
N/A

4. FEI Number

X 65-0689957

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name LAURA HORTON, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
1500 NW 167 ST
83
84 City MIAMI
85 Zip Code FL 33169

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

Laura Horton

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/97

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MELBOURNE, ANTHEA D
STREET ADDRESS 337 SOUTHWEST 188 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33029

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

None

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Bk Dep \$ 16500

14. I do 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.

SIGNATURE:

Amel

4/22/97

CR2E034 (9/96)