## 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

## **FILED** Mar 30 1998 8:00am Secretary of State

1. Corporation	OUR ISLAND BUILDERS, I	OO75125 (CNC.	)) 			
424 HARBOUR DRIVE 424 HARE						
DUCK KEY	FL 33050	DUCK KEY FL 33050			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	]
					09/10/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0697886	Not Applicable \$8.75 Additional	
22	w, dic.	27			5. Certificate of Status Desired	Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
¬ <sup>Zip</sup>	Country		Countr	У	8. This corporation owes or has paid the ci	
24	25 9. Name and Address of Curren	29 29 Agent			Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
N.	MARCEL T. DAMIECKI PRESIDEN		81	Name	ID. Maine and Address of New Asgratore	- Agent
	24 HARBOUR DR.	•	0.0	Circal Add	(DO Bow Number in New Assessments)	
	DUCK KEY FL 33050		82	Street Addr	Address (P.O. Box Number is Not Acceptable)	
			83	,		
			84	City		85 Zip Code
				1	FI	
office or a	anietored eagent or both in the State	of Florida, Such change was	authorized b	ou the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	S.		,
SIGNATURE	Signature, typed or printed name of registered age	art and title if applicable. INC	116 : Domintered &c	and signalus secul	red when reinstating) DATE	<del></del>
12,		D DIRECTORS	13.	ien eignetore redon	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSTD DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME	DAMIECKI, MARCEL T		1.2 NAME			
STREET ADDRESS	424 HARBOUR DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DUCK KEY FL 33050		1.4 CITY-ST-ZIP			
TITLE	VP JAMES MCGINNIS	☐ DELETE	2.1 TITLE			Change Addition
NAME	MAN ST. PO BOX 1136		2.2 NAME	l l		
STREET ADDRESS CITY-ST-ZIP	SAG HARBOR NY		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP			
TITLE	0/01/41/01/17/	DELETE				☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADORESS		ļ
CITY-ST-ZIP			3 4. C/TY-	ST-ZIP		
TITLE	DELETE 4.1		4.1 TITLE			Change Addition
NAME			4. 2 NAME			i
STREET ADDRESS				T ADDRESS		Į
CITY-ST-ZIP		☐ DELETE	4.4 CITY-	ST-ZIP		Change Addition
TITLE			5.1 TITLE			CHRINGS CHARGIGION
NAME STREET ADDRESS			5.2 NAME	T ADDRESS		
CITY-ST-ZIP						
TITLE			5.4 CITY- 6.1 TITLE	01-£IF		Change Addition
NAME		_ :	6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		
14. I hereby o	certify that the information supplied v	with this filing does not qualify	for the exemp	ption stated in	Section 119.07(3)(i), Florida Statutes. I further our shall have the same legal effect as if made up	certify that the information

officer or director of the corporation or the receiver or trustee engowered 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:

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