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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mormam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074777 (8)

ISLAND GETAWAYS, INC.

FILED May 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4150 ROBERT'S POINT CIR 4150 ROBERTS POINT CIR-SARASOTA FL 34242 SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/27/1997</u> 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For APPLIED 26 2414 BE5 RIDGE FOR 21 ATIY BEE RIDGE RD-Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 SARIA-50TA Trust Fund Contribution Added to Fees SARASOTA Country Country This corporation owes or has paid the current year Intangible 34239 SARAGOTA 29 Yes 24 25 Personal Property Tax due June 30. SKR450M 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SMITH, DIANNA M 2414 BEE RIDGE RD 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 83 84 City Zio Code 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME CR2E034 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TIFLE NAME 3.2 N ME STREET ADDRESS 3.3 5 REET ADDRESS CITY-ST-ZIP Y-S1-21P 3.4. DELETE Change Addition TITLE 4.11 NAME ME 4.2 STREET ADDRESS FET ADDRESS 435 CITY-ST-ZIP Y-ST-ZIP DELETE Change Addition TITLE 5.1 NAME 5.2 N STREET ADDRESS EET ADDRESS CITY-ST-ZIP -ST-ZIP DELETE Change Addition TITLE 6.1 T NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Y-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the examplion 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 by the receiver or trustee empered to execute the second section of the corporation of the receiver or trustee empered to execute the second section of the corporation of the receiver or trustee empered to execute the second section of the corporation of the receiver of trustee empered to execute the second section of the section of the second section of the second section of the second section of the secti

CIGNATURE.

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