May 04, 1999 8:00 am Secretary of State

05-04-1999 90006 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000086564

1. Corporation Name

ISLAND	ADVERTISING ASSOCIATES,	INC.								
<u> </u>										
Principal Place of Business Mailing Address						•				
7900 ISLAND BLVD. 7900 ISLAND BLVD.										
AVENTURA FL 33160 AVENTURA FL 33160						DO NOT WRITE IN THIS SPACE				
						3. Date Incom	porated or Qualifed		<u> </u>	
-						10/07/19				ļ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			· Ap	plied For
26						65-0788	972			t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							\$8.75 A	dditional
27						5. Certifcate	of Status Desired		Fee Re	quired
City & State		City & State			6. Election Campaign Financing				\$5.00 May Be	
23	28					I .	Contribution		Added to	
Zip	I			Country 8.			ration owes the curr	ent vear Inta	naible	
24	25	29 30	ח				roperty Tax.	•		□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
81 Name							_			
CORPORATION SERVICE COMPANY				2 Stree	t Addro	oc /D O Poy Nu	mber is Not Accepta	hla)		
1201 HAYS STREET				2 3166	K Addres	55 (F.O. DOX NU	iliber is Not Accepte	ibioj		
TALLAHASSEE FL 32301-2525				3	,					
									T 1 - 1 - 1	
		,	8	4 City		•		FL	85 Zip C	lode
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, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	aistered Ad	ent signatui	e required :	when reinstating)	_	DATE		\
12. OFFICERS AND DIRECTORS			13.				CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PSD DELETE		1.1 TITLE						Change	☐ Addition
NAME	MATUS, ALAN		1.2 NAME			•				Į
STREET ADDRESS	7900 ISLAND BOULEVARD		1.3 STREET ADDRESS		s					\$
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		1.4 C(TY-ST-Z!P							ĺ
TITLE	VTAS & DELETE				VP :	AS			Change	x Addition
NAME	VOLLRATH, ROBERT		2.2 NAME		Rob	ert I. F	invarb			İ
STREET ADDRESS	7900 ISLAND BOULEVARD				700		Boulevard			ļ
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160					th Miami	Beach, FL	33160		· · · · · · · · · · · · · · · · · · ·
TITLE	V Q DELETE		3.1 TITLE		1			- ,	Change	. 🔲 Addition
NAME	GENTRY, MICHAEL		3.2 NAME							
STREET ADDRESS	7900 ISLAND BOULEVARD	1		3.3 STREET ADDRESS						
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		3.4. CITY-ST-ZIP		-					
TITLE	VAS	DELETE		4.1 TITLE					. Change	☐ Addition
NAME	LIEB, JAMES	- -	4. 2 NAM							
STREET ADDRESS	7900 ISLAND BOUELVARD		4.3 STREET ADDRESS		s					1
	NORTH MIAMI BEACH FL 33160		4.4 CITY-ST-ZIP		<u> </u>			1		}
CITY-ST-ZIP	VAS	DELETE	5.1 TITLE		+		- . •		Change	Addition
111bla	*AU		■ O LL		1					- ,

NORTH MIAMI BEACH FL 33160 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 truetee 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FINVARB, ROBERT I

TORPEY, CARITE

7900 ISLAND BOULEVARD

7900 ISLAND BOULEVARD

NORTH MIAMI BEACH FL 33160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

... DELETE

Change

Addition