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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90303 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000103544**

1. Corporation Name
ISLAND LAKE BUSINESS CENTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1555 HOWELL BRANCH
 SUITE C-208
 WINTER PARK FL 32789
 US

Mailing Address
 P.O. BOX 940157
 MAITLAND FL 32794
 US

3. Date Incorporated or Qualified
12/09/1997

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. 25. 29. 30.

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip Country

4. FEI Number
59-3482423

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLOGG, ROGER W
112 HOLLIE COURT
MAITLAND FL 32751

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2515 Anaconda Trail
 83
 84 City **Maitland** **FL** 85 Zip Code **32751**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **D**
 NAME **KELLOGG, ROGER W**
 STREET ADDRESS **112 HOLLIE COURT**
 CITY-ST-ZIP **MAITLAND FL 32751**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS **1555 Howell Branch Road C-208**
 1.4 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **D**
 NAME **MITCHELL, JOHN C II**
 STREET ADDRESS **221 NE IVANHOE BLVD. SUITE 210**
 CITY-ST-ZIP **ORLANDO FL 32804**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS **143 N. Killarnet Drive**
 2.4 CITY-ST-ZIP **Winter Park, FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 *407-644-2212*
 Date Daytime Phone #

CR2E034 (1/1/98)