2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # P98000044967 ISLAND CLUB / ROOSEVELT CURRY CO. Principal Place of Business Mailing Address 550 SW 12 AVE 550 SW 12 AVE DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 01282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0843163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PRICE, DAVID T DO NOT WRITE 550 SW 12 AVE DEERFIELD BEACH, FL 33442 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE_ Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing **\$5.00** May Be U00000124008 FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 04/22/04-80027-016 150.00 OFFICERS AND DIRECTORS 10. TRILE NAME CURRY, ROOSEVELT STREET ADDRESS 550 SW 12 AVE CITY-ST-ZIP DEERFIELD_BEACH, FL 33442 TRILE NAME ROY, JOSEPH STREET ADDRESS 550 SW 12 AVE DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TATLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP TETLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOMATURE AND TYPED OR DENITTED HAME OF DIGHTHIS OF DIRECTOR

NAME
STREET ADDRESS
GITY-ST-ZIP
STILE
NAME
STREET ADDRESS
CITY-ST-ZIP

4-15-04 Date

Daylime Phone It

FILED