## 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 # P98000068071

1. Corporation Name

ISLAND ENTERTAINMENT CLUB, INC.

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90024 005 \*\*\*150.00

) (\$405), (\$405), (\$405), \$405, \$405, \$405, \$405, \$405, \$405, \$405, \$405, \$405, \$405, \$405, \$405, \$405, \$405,

				SA BUIDH ABIN ABINK MAAN MAR	
Principal Place of Business	Mailing Address				
940 S.E. 2NE AVE.	940 S.E. 2NE AVE.				
POMPANO BEACH FL 33060-8812 POMPANO BEACH FL 33060-8812		312	DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
			07/31/1998 /		
				1 1 2 2 2 5 2	
2. Principal Place of Business	2a. Mailing Address	1	4. FEI Number	Applied Fo	
21 140 Sik. 2 1707		In/2		Not Applica	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	/	5. Certificate of Status Desired	\$8.75 Additiona	al
	27			Fee Required	
City & State	City & State	<b>/</b> \	6. Election Campaign Financing	<b>\$5.00</b> May Be	ا د
23 POMPANO BCG, FL.	28	\	Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year		ŀ
24 33060 25 BROWAR	D 29 30		Personal Property Tax.	Yes No	
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registere	d Agent	
	<del></del>	81 Name	no till - Callon	/	
CAHN, MARTIN Z		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		-
940 S.E. 2NE AVE.		9 V	S. 6. 7 Thomas is not acceptable.		
POMPANO BEACH FL 33060-8812	2	83			
		84 City	npro, Beh. F	L 85 Zip Code 0~	- <i>\$81</i> 2
11. Pursuant to the provisions of Sections 607.	OSON 1 COZ 4500 Florido Clatido	the above named com	m	of changing its register	red
office or registered agent, or both, in the St agent. I am familiar with, and accept the ob	ate of Florida. Such change was autho	orized by the corporation	on's board of directors. I hereby accept the app	ointment as registered	·
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Reg	gistered Agent signature require	d when reinstating) DATE		
12. OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE C & O	☐ DELETE	1.1 TITLE		Change Ad	ddition
NAME MAN YIN E.	CAHN	1.2 NAME			1
STREET ADDRESS 940 1 6 2	Aros.	1.3 STREET ADDRESS			ì
CITY-ST-ZIP POM PRAV, BOY	PAHN Aris 1, FL-33068-88/2	1.4 CITY- ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Ad	ddition
NAME		2.2 NAME			}
		2.3 STREET ADDRESS			1
STREET ADDRESS					ļ
CITY-ST-ZIP	[] DELETE	2.4 CfTY-ST-ZIP ·		☐ Change ☐ Ad	ddition
TITLE	[ Deterie			_ , _	
NAME		3.2 NAME			ļ
STREET ADDRESS	i	3.3 STREET ADDRESS			-
CITY-ST-ZIP	F7 00 000	3.4. CITY-ST-ZIP		Change Ad	ddition
TITLE	☐ DELETE	4.1 TITLE		□ Citalige □ Au	Zaldoli
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			100
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Ad	ddition
NAME		5.2 NAME			ĺ
STREET ADDRESS		53 STREET ADDRESS			}
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Ad	odition
NAME	_	6.2 NAME			(
Į Į		6.3 STREET ADDRESS			-
STREET ADDRESS	i	5.5 5.11LL 1 PDD1 1L55			

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 changes, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**≡** ;-