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 # P98000069793 1. Corporation Name

ISLAND ESTATE BUILDING & DESIGN, INC.

Principal Place of Business	Mailing Address
% 3900 BONAVENTURE BOULEVARD	% 3900 BONAVENTURE BOULEVARD
FT LAUDERDALE FL 33332	FT LAUDERDALE FL 33332

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90035 043 ***150.00



DO NOT WRITE IN THIS SPACE

2. Data Inggenerated or Cualifed

						0.0/44/4000			
2 Oringinal F	Place of Business	2a. Mailing Addres				08/11/1998 4. FE Number	Ar	plied For	
	race of business	26				65-0860 708	<u> </u>	ot Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, 6	etc.			·	\$8.75	Additional	
22	, 0.00	27				5. Certifcate of Status Desired	Fee Re	equired	
City & Sta	te	City & State		_		6. Election Campaign Financing	\$5.00	Мау Ве	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year In	tangible		
24	25	29	30			Personal Property Tax.	Yes	□Nø	
	9. Name and Address of Curre	ent Registered Agent		Ī,		10. Name and Address of New Registered	Agent		
					81 Name				
LEGAL INFORMATION SERVICES, INC.				82 Street Address (P.O. Box Number is Not Acceptable)					
129	D WESTON ROAD							*	
SUI	TE 300			83					
FTI	AUDERDALE FL 33326						85 Zip	Code	
1				84	City	FL	_ 85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florid:	a Statutes, the a	bove	a-named corr	poration submits this statement for the purpose of	changing its	registered	
nffice or	registered agent, or both, in the Stat	te of Florida. Such change	e was autnorize	σοу	the corporati	ion's board of directors. I hereby accept the appo	intment as re	gistered	
agent. I a	am familiar with, and accept the oblig	jations of, Section 607.05	505, Fiorida Stat	utes.	•				
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable	(NOTE Registerer	1 Apen	nt signature (equin	ed when reinstating) DATE			
12.		AND DIRECTORS	13.	J Agoi	· agnizator / aquin	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE		DEL		ITLE			☐ Change	Addition	
	D DODENT		1.2 N		į				
NAME	CASTELLANO, ROBERT	11 EL 14 O.D.			TADDRESS	•	•		
STREET ADDRESS	A COOL DOING LITTORIE BOO	ILEVARU							
CITY-ST-ZIP	FT LAUDERDALE FL 33332	□ DEI		<u>177-51</u>	1-ZIP		Change	Addition	
TITLE) D				Ì		- C		
NAME	GOSS, KENNETH		2.2 N						
STREET ADDRESS	70 0000 DOTA Z OT	JLEVARD			FADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33332			XITY-S	T- ZIP		☐ Change	Addition	
TITLE		☐ DEI					□ Cuange		
NAME			3.2 N		Ì				
STREET ADDRESS	6		· ·		TADDRESS				
CITY-ST-ZIP				ny-s	T-ZIP		[] (h	*	
TITLE		☐ DEI					Change	☐ Addition	
NAME			4.21	AME	İ				
STREET ADDRESS	6		4.3 \$	TREET	TADDRESS				
CITY-ST-ZIP	<u> </u>			<u> </u>	T-ZIP				
TITLE		□ DEI			1		Change	☐ Addition	
NAME			5.2 N	AME	ļ	·			
STREET ADDRESS	3		5.3 \$	TREET	TADDRESS				
CITY-ST-ZIP			i	ITY-S	T- ZIP				
TITLE		☐ DEI	LETE 6.1 T	ΠLE			☐ Change	Addition	
NAME			62 N	AME	1				
STREET ADDRESS			6.3 S	TREET	TADDRESS				
CITY OF 7IP	-		6.4 C	ITY-\$	T-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 experience 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 copporation or the receiver of the copporation or the receiver of the 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 artachnique with an address, with all other like empowered.

SIGNATURE

ME OF SIGNING OFFICER OR DIRECTOR