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Secretary of State

04-26-1999 90228 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000080793

1. Corporation Name
ISLANDER AVIATION, INC.



Principal Place of Business
2633 LANTANA ROAD, NUMBER 17
LANTANA, FL 33462

Mailing Address
2633 LANTANA ROAD, NUMBER 17
LANTANA, FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1998

4. FEI Number

65-0876207

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 Individual
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 420 US Hwy #1

22 SUITE # 150

23 NORTH PALM BEACH, FL.

24 33408 25 US

2a. Mailing Address

26 420 US Hwy #1

27 SUITE # 150

28 NORTH PALM BEACH, FL.

29 33408 30 US

9. Name and Address of Current Registered Agent

NICHOLS, L. WESLEY
11380 PROSPERITY FARMS ROAD, STE. 204
PALM BEACH GARDENS, FL 33410

10. Name and Address of New Registered Agent

81 Name ROBERT C. NEVINS III

82 Street Address (P.O. Box Number is Not Acceptable)
420 US Hwy #1 SUITE 150

83

84

City NORTH PALM BEACH FL 85 Zip Code 33408

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: Robert C. Nevins III ROBERT C. NEVINS III

4/20/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NEVINS, ROBERT C III
STREET ADDRESS 2633 LANTANA ROAD, NUMBER 17
CITY-ST-ZIP LANTANA FL 33462

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 420 US Hwy #1 SUITE # 150
1.4 CITY-ST-ZIP N.P.B., FL. 33408

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C. Nevins III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (561) 642-7820

CR2E034 (11/98)