## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

ISLAND BONDING COMPANY, INC.

**FILED** Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1) 819/1 1981
1621 JAMAIC		1621 JAMAICA DR.					
KEY WEST FI. 33040		KEY WEST FL 33040	KEY WEST FL 33040		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					04/11/1991		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ar	plied For
21		26		65-0317957	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_ <del> </del>   <del></del>		5. Certificate of Status Desired	\$8.75	Additional
22		27			a. Certificate of Statos Desired	Fee Re	aquired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added 1	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the		tangible No
24	25	29	30		Personal Property Tax due June 30.  10. Name and Address of New Registere		1 140
	9. Name and Address of Curr	ent Hegistered Agent	- B	1 Name	10. Name and Address of New Hogistere	- (1990)	
	ORAITIS, ROBERT J.	10-	Ľ	110			
	10 SOUTHEAST THIRD AVENU	JE .	82 Street Addre		dress (P.O. Box Number is Not Acceptable)		
FI	LAUDERDALE FL 33316		6:	9			
			"	1			
			6	4 City	F	85 Zip (	Code
44 Purcuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Sta	tutes the ahre	ve-named co	progration submits this statement for the number	of changing it	is registered
office or r	egistered agent or both in the Sta	ite of Florida. Such change wa	is authorized t	by the corpora	ation's board of directors. I hereby accept the a	ppointment as	registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505,	Fiorida Statuti	US.			
SIGNATURE	Signature, typed or printed name of registered	agent and tilin it applicable (N	OTE: Registered A	gent signature repr	quired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE			Change	Addition
NAME	WYATT, WALT		1.2 NAM				
STREET ADDRESS	1621 JAMAICA DR		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY	-ST-ZIP			
TITLE		☐ DELET <b>e</b>	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAM				
STREET ADDRESS			2.3 STRE	ET ADORESS			
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP			
TITLE		DELETE 3.1				L Change	☐ Addition
NAME			3.2 NAM				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP		·····	3.4. CITY	- ST- ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	et address			
City-ST-ZIP		···	4.4 CITY			——————————————————————————————————————	F 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE		☐ DELETE	5.1 TITLE			L Change	Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	et address			•
CITY-ST-ZIP			5.4 CITY				A Substant
TITLE		☐ DELETE	6 1 THTLE	[		Change	☐ Addition
NAME			6.2 NAM	- 1			
STREET ADDRESS			6.3 STRE	ET ADDRESS			i
CITY-ST-ZIP	<u> </u>	L. Mariana Kabupat L. 1995	6.4 CITY	ST-ZIP	in Continue 140 67/9V/) Florido Contidos 15. alto	antifu that the	information
14. I hereby of Indicated	certify that the information supplied on this annual report of suppleme	i with this filing does not <b>qua</b> lif ntal annual report is true <b>and</b> a	y for the exemacourate and t	ipilon stated t hat my signal	in Section 119.07(3)(i), Florida Statutes. I further sture shall have the same legal effect as if made	under oath; th	at I am an
officer or Block 12	director of the opporation or the a	diverver or trustee empowered.	to execute this	s report as re	ature shall have the same legal effect as if made equired by Chapter 607, Florida Statutes; and the	at my name ap	pears in
DIOCK 12	5. 2.30m 13 F Supply 7. Of Supply 8	777		1 1.1	/ /		