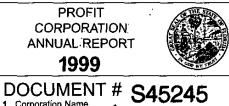
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

ISLAND BONDING COMPANY, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90090 024 ***150.00



Principal Place of Business 8 Mailing Address						I SBUISBLU RIS DIUDI DIINU ARUK BIUU	Y MIST GLOSS OF	DIA DIDIL DIA	III BYBYI AIAII IAR	
1621 JAMAICA DR. KEY WEST FL 33040 CO. 1621 JAMAICA DR. KEY WEST FL 33040					·	DO NOT WRITE	E IN THIS	SPACE		
, ч	•					3. Date Incorporated or Qualifed			 -	
						04/11/1991				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		$\overline{}$	Applied For	
21		26	26			65-0317957			Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.7	5 Additional	
22	*	27				5. Certificate of Status Desired		Fee	Required -	
City & Sta	te Ç	City & State				6. Election Campaign Financing \$5.00 May Be				
23	<u> </u>	28				Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	nt year Inta		4	
24	25		30			Personal Property Tax.		Yes	K INo	
	9. Name and Address of Curren	t Registered Agent		041		10. Name and Address of New Re	gistered /	Agent		
	MITIC DODEDT I			81 Nar	me					
	raitis. Robert J.) Southeast third avenue		82 Stre			s (P.O. Box Number is Not Acceptable	ie)			
	AUDERDALE FL 33316									
FIL	AUDENDALE FL 33316			83						
				84 City	,	•		85 Zi	p Code	
. 15				Щ		the state of the s	FL		ita nagiatanad	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was a	uthorized	by the co	orporation's	ation submits this statement for the place of directors. I hereby accept to	the appoir	manging ntment as	registered	
SIGNATURE	grafing in Fight (see					_			<u>'</u>	
	Signature, typed or printed name of registered agen			Agent signate	ure required wi	hen reinstating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFI	CERS AN			
TITLE	DPST	☐ DÉLETE	1.1 111	LE				☐ Chang	e Additio	
NAME	WYATT, WALT		1.2 NA	ME		`				
STREET ADDRESS			1.3 57	REET ADDRE	ess	,				
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CT	TY-ST-ZIP						
TITLE		☐ DELETE	2.1 ™	Æ]			☐ Chang	e Additio	
NAME			2.2 NA	ME						
STREET ADDRESS			2.3 ST	REET ADDRE	≣ss					
CITY-ST-ZIP			2.4 C	TY-ST-ZIP	<u> </u>					
TITLE		☐ DELETE	3.1 TIT	LE				☐ Chang	e 🗌 Additio	
NAME			3.2 NA	ME	}					
STREET ADDRESS			3.3 ST	REET ADDRE	SS					
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP						
TITLE		☐ DELETE	4.1 TT	Œ	1			Chang	e 🗌 Additio	
NAME			4.2 N	WE	1					
STREET ADDRESS	•		4.3 ST	REET ADDRE	ss					
CITY-ST-ZIP	_		4.4 CF	Y-ST-ZIP_		,				
TITLE		☐ DELETE	5.1 TI	LE		-	•	☐ Chang	e 🔲 Additio	
NAME			5.2 NA	ME	1			•		
STREET ADDRESS	•		5.3 ST	REET ADDRE	:\$S					
CITY-ST-ZIP			5.4 CI	Y-ST-ZIP						
TITLE		☐ DELETE	6.1 111	LE				☐ Chang	e [Additio	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REETADORE	SS					
CITY OT 71D			6.4 CN	Y-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 of 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 changed, or on an attachment with an add assignith all other like empowered.

SIGNATURE: