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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

S76763

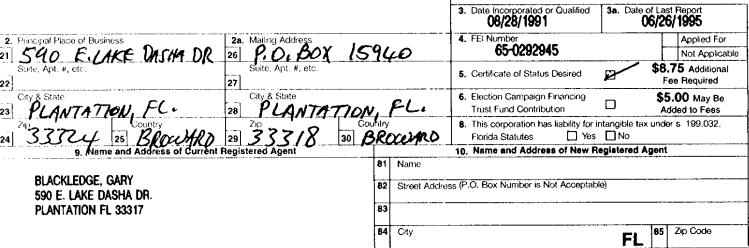
(9)

ISLANDIA DESIGN GROUP, INC.

Principal Place of Business Mailing Address

590 E. LAKE DASHA DR. PLANTATION FL 33324

P.O. BOX 16433 PLANATION FL 33318



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 s	Ignative, typed or printed nonle of registered agent and hite	it aj golicable (NC)	TE: Registered Agent signature require:		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIFLE	PSTD	[] DELETE	1 1 TITLE	☐ Change ☐	Addition
NAME	BLACKLEGE, GARY		1.2 NAME		
STREET ADORESS	590 E. LAKE DASHA DR.		1.3 STREET ADDRESS		
CHY-ST-ZIP	PLANTATION FL 33324		1.4 CiTY-ST-ZiP		
TICE		[] DELETE	2 1 THLE	Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
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NAMÉ			6 2 NAME		
STEEL LADDRESS			6 3 STREET ADDRESS		
0.1 01 7.0.			6 A DITY OF 21P		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 3 if changed, or my statute that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cathering the same legal effect as if made under cathering that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if made under cathering the same legal effect as if the same legal

SIGNATURE:

CARY L. BLACKLEDGE 1/80/96 954-792

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