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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V20639

(3)

1. Corporation Name

JUST ANOTHER ISLAND CORPORATION

Principal Place of Business

Mailing Address

15030 N. PEBBLE LANE
FORT MYERS FL 33912

15030 N. PEBBLE LANE
FORT MYERS FL 33912-2333

3. Date Incorporated or Qualified
03/12/1992

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 5400 South Seas Road

26 15030 N. Pebble Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 CAPTIVA, Florida

28 FORT MYERS, Florida

24 Zip

25 Country

29 Zip

30 Country

33924

USA

33912

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRIMICH, THEODORE F.
15030 N. PEBBLE LANE
FORT MYERS FL 33912

81 Name

NONE

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Theodore F. Primich

4/9/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME PRIMICH, THEODORE F.
STREET ADDRESS 6225 PRESIDENTIAL CT., #H
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE President
NAME Primich, Theodore F.
STREET ADDRESS 15030 N. Pebble Ln.
CITY-ST-ZIP Fort Myers Florida 33912

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Theodore F. Primich Theodore F. Primich 941-472-2938

CR2E034 (9/96)