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

PROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12 1998 8:00am
Secretary of State

	1990				, or state
DOCUMENT # V/8689 (2)					
1000 Islands, INC.					
	1000 7	-slavas, 1	NC ·		
Principal Pla	ce of Business	Mailing Address			
Man	Har Raw Inn	57	201 Adams?	5 4.	
	utoc Ray Inn. 55. Swiff Rd.	₩-	allywood, Fo	DO NOT WRITE IN THI	C CDACE
Ho	Wussel, Florida	<u> </u>	•	3. Date Incorporated or Qualified	STACE
	llywood, Flords		33021	03/04/1992	
2. Principal (Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0324525	Not Applicable
Suite, Apr 22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	le	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	B. This corporation owes or has paid the c	Added to Fees
24	25.	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent
	Boucher, D	سعمام	81 Name	,	
	Boachach	7,	82 Street Add	iress (P.O. Box Number is Not Acceptable)	
	5201 Ada		B3	······································	
	Boowyllott	, FL	63		
		3302	84 City	Fi	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Stat	utes the above named core	poration cultimite this etatement for the museum	<u> </u>
OHICE OF I	registered agent, or both, in the State am familiar with, and accept the obliga	oi Fiorda, Such Chande was	s authorized by the corpora	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE			renda diatates.		1
	Signature: typed or printed name of regramminger		OH: Registered Agent signature requi		
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	President	DELETE	1 1 117LE		☐ Change ☐ Addition
STREET ADDRESS	Boucher, Dux	yre	1.2 NAME		
CITY-ST-ZIP	# 11/2/11/20	surseer Leads	1.3 STREET ADDRESS		
TITLE	Secretary Treasu	DELETE	1.4 CITY - \$1 - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		Change C Addition
STREET ADDRESS	Boucher, Donn 5201 Adams	Lacest	2.3 STREET ADDRESS		
CITY-ST-ZIP		Lorida	2 4 CHY+ST+ZIP		
TITLE		DELETE	3 1 1IILE		Change Addition
NAME			3 2 NAME		1
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DELETE	3 4. CITY - ST - ZIP		
NAME		UECETE	4 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
THILE		DELETE	4.4 GHY-SI-ZIP 5.1 THEE		Change Addition
NAME			5 2 NAME		T Criticity T Addition
STREET ADDRESS			5 3 STREET ADDRESS		か 」
CITY-ST-ZIP	1112		5 4 CITY - ST - ZIP		5.12
TITLE		DELETE	6.1 THTLE	7000025243 -05/14/9801111(☐ Change ☐ Addition
NAME			6.2 NAME	-05/14/98011110	146
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP	artify that the relativation specified will	this Line page not a 125	6.4 CrTY - ST - ZIP	The state of the s	

4. I hereby certify that the information supplied with this filing oces 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 rnade under eath; that I am an officer or director of the corporation or the receiver or frustee 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

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

April 2898 934-921-966

P2F034 (10/9-