


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90006 039 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002551
 1. Corporation Name
ISSENMAN DEVELOPMENTS, INC.



Principal Place of Business	Mailing Address
% SACHS & SAX 301 YAMATO RD. SUITE 4150 BOCA RATON FL 33431	% SACHS & SAX 301 YAMATO RD. SUITE 4150 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address		
21 2400 E. LAS OLAS	26 2400 E. LAS OLAS		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 SUITE #195	27 SUITE #195		
City & State	City & State		
23 FORT LAUDERDALE, FL	28 FORT LAUDERDALE, FL		
Zip	Country	Zip	Country
24 33301	25 USA	29 33301	30 USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
05/22/1996	03-0330547	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SAX, SPENCER M
 301 YAMATO RD, SUITE 4150
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name	MARK ISSENMAN
82 Street Address (P.O. Box Number is Not Acceptable)	2400 E. LAS OLAS, SUITE #195
83	
84 City	FORT LAUDERDALE FL
85 Zip Code	33301

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 Mark Isenman MARK ISSENMAN, PRESIDENT 8/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	ISSENMAN, MARK	
STREET ADDRESS	2400 E LAS OLAS BLVD SUITE 195	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 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: Mark Isenman MARK ISSENMAN 8/10/99 954-850-3447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0073782

CR2E034 (5/99)