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PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000082119

WHITE DIAMOND BY ISSAC, INC.

Principal Place of Business	Mailing Address
P.O. BOX 840009 HOLLYWOOD FL 33084	P.O. BOX 840009 HOLLYWOOD FL 33084
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FILED Jan 27, 1999 8:00am **Secretary of State**

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Principal Plac	ce of Business	Mailing Address	i				,	19119 11991 11991	*1518 1811 1881
P.O. BOX 840009 HOLLYWOOD FL 33084 POLLYWOOD FL 33084						DO NOT WRITE IN THIS SPACE			
		•				3. Date Incorporated or Qualif		7017102	
		4				11/07/1994		. ,	•
2. Principal F	Place of Business	2a. Mailing Addr	ess			4. FEI Number		Ao	plied For
21		26				65-0539016		- 	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #,	. etc.					\$8.75	
22	,	27	,			5. Certifcate of Status Desired		Fee Re	
City & Sta	te	City & State				6. Election Campaign Financir	na —	\$5.00	May Ro
23		28				Trust Fund Contribution	'9 🗆	Added t	•
Zip	Country	Zip	Cour	itry		8. This corporation owes the c	urrent vear In		
24	25	29	30	•		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre		10-1			10. Name and Address of Nev	w Registered	Agent	
	The second secon			81	Name		_		
TRA	GER, ROSS				-				
1000	DIN HIATUS RD	-	•	82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
PEM	IBROKE PINES FL 33026	·	ŀ	83					1.7
	1 2 2								
		•		84	City		FL	85 Zip C	ode
11. Rursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligi	02 and 687/1508, Florida of Florida, Span chan ations of Section 607.0	da Statutes, the ab be was authorized 5505, Florida Statu	ove-r by the tes.	named corpo ne corporation	oration submits this statement for the board of directors. I hereby accept the board of directors.	cept the appoi	ntment as reg	registered
11. Rursuant office or i agent. I a SIGNATURE	Signature, typed or printed name of registered age	erit and title if applicable.	MZ			when reinstating)	DATE	99	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS At	erit and title if applicable. ND DIRECTORS	(NO E: Registered /	Agent si			DATE	95 ID DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	erit and title if applicable. ND DIRECTORS	(NO E: Registered / 13. ELETE 1.1 TITI	Agent si		when reinstating)	DATE	99	
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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, with all other like empowered.

SIGNATURE: