

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 MAY -1 11 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murray  
Secretary of State  
CORPORATION DIVISION

DOCUMENT # **S41854** (8)  
F. LEIGHTON ROWAN JR. C.P.A. P.A.

Principal Place of Business: **3703 CRILL AVE. PALATKA FL 32177**  
Mailing Address: **P.O. BOX 063 PALATKA FL 32178**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/28/1991</b>		3a. Date of Last Report <b>05/13/1994</b>	
4. FEI Number <b>59-3058278</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ROWAN, F. LEIGHTON, JR. 3703 CRILL AVE. PALATKA FL 32177</b>				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994	
12-1 PST NAME: ROWAN, F. LEIGHTON, JR. STREET ADDRESS: 3703 CRILL AVE. CITY, ST. ZIP: PALATKA FL		13-1 1-1 TITLE 1-2 NAME 1-3 STREET ADDRESS 1-4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 D NAME: ROWAN, F. LEIGHTON, JR. STREET ADDRESS: 3703 CRILL AVE. CITY, ST. ZIP: PALATKA FL		13-2 2-1 TITLE 2-2 NAME 2-3 STREET ADDRESS 2-4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3		13-3 3-1 TITLE 3-2 NAME 3-3 STREET ADDRESS 3-4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4		13-4 4-1 TITLE 4-2 NAME 4-3 STREET ADDRESS 4-4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5		13-5 5-1 TITLE 5-2 NAME 5-3 STREET ADDRESS 5-4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6		13-6 6-1 TITLE 6-2 NAME 6-3 STREET ADDRESS 6-4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct, and qualify for the exemption stated in Section 119.03, Florida Statutes. I further certify that the information included 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. 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 Article 7 of the Constitution of the State of Florida. A change of or an addition to my name will be notified to the Secretary of State.

SIGNATURE: *F. Leighton Rowan Jr* 4-26-95 3284615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Martinez  
Secretary of State  
1995

APPROVED  
FILED

04/01/1995

ST. PETERSBURG, FLORIDA

DOCUMENT # **S42325** (8)

ISC MANAGEMENT CORP.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business: **2200 ANVIL STREET NORTH ST. PETERSBURG FL 33710**  
 1a. Mailing Address: **2200 ANVIL STREET NORTH ST. PETERSBURG FL 33710**

3. Date Incorporated or Qualified: **04/01/1991** 3a. Date of Last Report: **05/01/1994**  
 4. FEI Number: **59-3065306** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees  
 8. The corporation has liability for intangible tax under 5-199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. Mailing Address: 26.  
 22. Suite, Apt. #, etc.: 27. Suite, Apt. #, etc.:  
 23. City & State: 28. City & State:  
 24. Zip: 25. Country: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent  
**PINKSKER  
 PINKSKER, HOWARD  
 2200 ANVIL N.  
 ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent  
 81. Name: **HOWARD PINKSKER**  
 82. Street Address (P.O. Box Number is Not Acceptable):  
 83.  
 84. City: **SPELLING** 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12a. TITLE	<b>PTD PINKSKER</b>
12b. NAME	<b>PINKSKER, HOWARD</b>
12c. STREET ADDRESS	<b>2200 ANVIL N.</b>
12d. CITY & STATE	<b>ST. PETERSBURG FL</b>
12e. TITLE	<b>VSD PINKSKER</b>
12f. NAME	<b>PINKSKER, PIEDAD</b>
12g. STREET ADDRESS	<b>2200 ANVIL N.</b>
12h. CITY & STATE	<b>ST. PETERSBURG FL</b>
12i. TITLE	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY & STATE	
12m. TITLE	
12n. NAME	
12o. STREET ADDRESS	
12p. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. NAME	
13c. STREET ADDRESS	
13d. CITY & STATE	
13e. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f. NAME	
13g. STREET ADDRESS	
13h. CITY & STATE	
13i. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. NAME	
13k. STREET ADDRESS	
13l. CITY & STATE	
13m. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n. NAME	
13o. STREET ADDRESS	
13p. CITY & STATE	

14. I, the undersigned, certify that the information reported on this report is true and correct, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Howard Pinkske*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HOWARD PINKSKER**

*April 24, 1995*

