FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 22 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/23/95--01086--024
****225.00 ****225.00

DOCUMENT # P93000042303 (4)

1. Corporation Name
ISDRS, INC.

Principal Place of Business
5390 BURNING TREE CIRCLE
STUART, FL. 34997

Mailing Address Same

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/10/1993
3a. Date of Last Report: 4/11/94

2. Principal Place of Business
21 5390 Burning Tree
22 Suite, Apt. #, etc.
23 City & State: STUART, FL
24 Zip: 34997
25 Country: MARTIN

2a. Mailing Address
26 5390 Burning Tree Cir
27 Suite, Apt. #, etc.
28 City & State: STUART, FL.
29 Zip: 34997
30 Country: MARTIN

4. FEI Number: 65-0421206 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CASEY W. MILLS, P.A.
600 South Andrews Ave
Suite 600
FORT LAUDERDALE, FL. 33301

10. Name and Address of New Registered Agent
81 Name: CONSTANCE BROWNE HABERMANN
82 Street Address (P.O. Box Number is Not Acceptable): 5390 Burning Tree Circle
83
84 City: STUART FL 85 Zip Code: 34997

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: Constance Browne Haberman 6/13/95
(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	D	11 TITLE	☐ Change ☐ Addition
NAME	HABERMANN, CONSTANCE BROWNE	12 NAME	
STREET ADDRESS	5390 Burning Tree Circle	13 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL. 34997	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	KREBSBACH, FREDERICK E.	22 NAME	D KREBSBACH, FREDERICK E
STREET ADDRESS	6195 NW 55 LANE	23 STREET ADDRESS	2014 IVY GLEN
CITY-ST-ZIP	TAMARAC, FL. 33319	24 CITY-ST-ZIP	MURFREESBORO, TN. 37129
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Constance Browne Haberman 6/13/95 1-407-283-9916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONSTANCE BROWNE HABERMANN