

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90109 050 ***150.00

DOCUMENT # P16217

1. Corporation Name
ISS INTERNATIONAL SERVICE SYSTEM, INC.

Principal Place of Business

1955 LAKE PARK DRIVE
STE 300
SMYRNA GA 30080

Mailing Address

1955 LAKE PARK DRIVE
STE 300
SMYRNA GA 30080

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1987 (FL)

4. FEI Number

13-3083344

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 owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 1600 PARKWOOD CIRCLE

Suite, Apt. #, etc.

22 SUITE 400

City & State

23 ATLANTA GA

Zip

24 30339

Country

25 USA

2a. Mailing Address

26 C/O BHI MGT. SERVICES, INC.

Suite, Apt. #, etc.

27 4800 N. FEDERAL HIGHWAY

City & State

28 BOCA RATON FL

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

N/A

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 P ☒ DELETE
NAME MATERO, RICHARD
STREET ADDRESS 1955 LAKE PARK DRIVE
CITY-ST-ZIP SMYRNA GA 30080

TITLE ST ☐ DELETE
NAME WILLIAMS, GEORGE
STREET ADDRESS 1955 LAKE PARK DRIVE
CITY-ST-ZIP SMYRNA GA 30080

TITLE AS ☒ DELETE
NAME MALLORY, DAVID
STREET ADDRESS 1955 LAKE PARK DRIVE
CITY-ST-ZIP SMYRNA GA 30080

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P
1.3 STREET ADDRESS RAYMOND GROSS
1.4 CITY-ST-ZIP 1600 PARKWOOD CIRCLE, SUITE 400
ATLANTA GA 30339

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1600 PARKWOOD CIRCLE, #400
2.4 CITY-ST-ZIP ATLANTA GA 30339

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME S
3.3 STREET ADDRESS STEVEN LEVINE
3.4 CITY-ST-ZIP 4800 N. FEDERAL HIGHWAY, #400
BOCA RATON FL 33431

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME T
4.3 STREET ADDRESS ANN OLBERT
4.4 CITY-ST-ZIP 4800 N. FEDERAL HIGHWAY, #400
BOCA RATON FL 33431

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99 (561) 361-4908

CR2E034 (11/98)