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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 492147

(4)

ISSA REALTY, INC.

Principal	Place	of	Business
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Mailing Address

FILED Jan 17 1997 8:00am Secretary of State



STE 206 21301 POWERLINE RD BOCA RATON FL 33433		STE 206 21301 POWERLINE RD BOCA RATON FL 33433-2393		,	
				3. Date Incorporated or Qualified 12/08/1975	3a. Date of Last Report 02/27/1996
	lace of Business	2a. Mailing Address	0 1	4. FEI Number	Applied For
21 3900 Suite, Apt	Bonaventure Blvd.	26 1112 Weston Suite Apt. #, etc.	n Road	<u>59-1646544</u>	Not Applicable
22		27 Suite 228		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	ron, FL		<u></u>	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3353			Country 30 Broward		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	jistered Agent
	A, FRANCIS J		81 Name		
	SILVER PALM RD EAST CA RATON, FL		82 Street Add	dress (P.O. Box Number is Not Acceptabl	e)
334			83		
			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a	uthorized by the corpor.	rporation submits this statement for the pi ation's board of directors. I hereby accep	roose of channing its registered
SIGNATURE					
	Signature: typed or pented transition of registered ager		Registered Agent signature req		DATE
12. 111LE	OFFICERS AND PSD	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	ISSA, FRANCIS J		12 NAME		
STREET ADDRESS	316 SILVER PALM RD E		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - 7IP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T arists	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY - ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME		****	5.2 NAME		_ , _
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SI-ZIP			6.4 CITY - ST - ZIP		

14. I do 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 Manged, or on an attachment with an address

Francis J. Issa

1897

954-349-0199