

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

**FILED**  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90111 045 \*\*\*150.00

0159788

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 547783**

1. Corporation Name  
**PRIVATE I, INC.**

Principal Place of Business  
**100 SE SECOND STREET  
SEVENTEENTH FLOOR  
MIAMI FL 33131-1101  
US**

Mailing Address  
**2420 NE 27TH ST  
SEVENTEENTH FLOOR  
LIGHTHOUSE POINT FL 33064  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/28/1977</b>	
4. FEI Number <b>59-1787200</b>	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 2420 N.E. 27TH ST.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2420 N.E. 27TH ST.</b> Suite, Apt. #, etc.
22 City & State <b>23 LIGHTHOUSE POINT FL</b>	27 City & State <b>28 LIGHTHOUSE POINT FL</b>
24 Zip <b>33064</b>	29 Zip <b>33064</b>
25 Country <b>USA</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**ISAN, JERRY M  
2420 NE 27TH ST  
INTERNATIONAL PLACE  
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent	
81 Name <b>ISAN, JERRY M</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2420 N.E. 27TH ST.</b>	
83	
84 City <b>LIGHTHOUSE POINT FL</b>	85 Zip Code <b>33064</b>

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

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	<input type="checkbox"/> DELETE
NAME	<b>PD ISAN, JERRY</b>
STREET ADDRESS	<b>2690 NE 25TH STREET</b>
CITY-ST-ZIP	<b>LIGHTHOUST POINT FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ISAN, PHILLIP</b>
STREET ADDRESS	<b>2690 NE 25TH STREET</b>
CITY-ST-ZIP	<b>LIGHTHOUST POINT FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD ISAN, BARBARA</b>
STREET ADDRESS	<b>2690 NE 25TH STREET</b>
CITY-ST-ZIP	<b>LIGHTHOUST POINT FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD JERRY ISAN</b>
1.3 STREET ADDRESS	<b>2420 N.E. 27TH ST</b>
1.4 CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL. 33064</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D PHILLIP ISAN</b>
2.3 STREET ADDRESS	<b>2420 N.E. 27TH ST.</b>
2.4 CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL. 33064</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD ISAN, BARBARA</b>
3.3 STREET ADDRESS	<b>2420 N.E. 27TH ST.</b>
3.4 CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL. 33064</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

954-943-9611

Date

Daytime Phone #

CR2E034 (11/98)