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

PROFIT CORPORATION ANNUAL REPORT



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

1996

583114 DOCUMENT #

(4)

ISTS, INC.	ITIONING AND HEATING SPECIAL
Principal Place of Business	Mailing Address
2114 PIERCE STREET HOLLYWOOD FL 33020 US	2114 PIERCE STREET HOLLYWOOD FL 33020 US
Principal Place of Business	2a. Mailing Address
Principal Place of Business Suite, Apt. #, etc.	2a. Masing Actoress 26 Suite, Apt. #, etc.

	US FL 33020		US					Date incorporated or Qualified 08/23/1978	3a . Da	te of Last Report 04/25/1995	
2.	Principal Place of Busine	ess	F 1	2a. Maäng Address 26			4. FEI Number 59-1898813			Not App	Applied For Not Applicable
!1]	Suite, Apt. #, etc.		Suite, Apt #.	etc			5.	Certificate of Status Desired	×	\$8.75 Additi	
22	City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
23	Ζφ	Country Zip Co		untry		1		s 🔲 No		32,	
24	- Nome	25 and Address of Ci	rrent Registered Agent		ſ		10	Name and Address of New	Registere	d Agent	
	9, Name	BIN Address of O			81	Name					
NOBLE, BARBARA 2114 PIERCE STREET					82 Street Address (P.O. Box Number is Not Acceptable)						
	HOLLYWOOD F				83						
ı	•				84	City			F		
-	a D	sions of Switigus 607	.0502 and €07.1508, Fioric	la Statutes, the at	ove r	named corpor	ation	submits this statement for the p	urpose of	changing its registe as registered agen	red office t. Lam

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation's unit state and in the paperntment as registered agent or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

familiar with, and a	iccept the obligations of, Section 607,000s, f				
SIGNATURE	typedo de primboli matori el resposare fil a pinti as (177). Nati document	marke had	assess Agent signature responsible	Temperating L	AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE D		DELETH	1 1 TISLE		□ e.e.å. □
	CHAFEFFER, DEAN		1.2 NAME		
STREET ADDRESS 21	14 PIERCE STREET		L3 STREET ASORESS		
	OLLYWOOD FL		1.4 CITY - ST - ZIP		Change Addition
TILE D		DE1 F TE	2 1 Title		T purings T years
	OBLE, BARBARA		2.2 NAME		
	114 PIERCE STREET		2.3 STREET ADDRESS		
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		DELETE.	3 1 11F.E		Charige C Adom
	IOBLE, BARBARA		3.2 NAME		•
	114 PIERCE STREET		3.3 STREET ADDR: SS		
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		DELETE	4 1 T I LF		Change Additi
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NAME			4.3 STREET AUDRESS		
STREET ADDRESS			4.4.CITY S1-ZIP		
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NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 O(F) - \$1. Z(F)		
CITY - ST - ZIF		DELETE	6 1 TallE		Change Addi
TITLE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZiP	to the the information supplied with tris final	is violant and them she	ed and does not qualfy f	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth

14. I do hereby certify that the information supplied with tris fining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this around report or supplemental amount 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

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