

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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000002990 (0)**

1. Corporation Name
ISC REALTY CORPORATION



Principal Place of Business 121 WEST TRADE STREET, SUITE 1100 1500 CHARLOTTE NC 28202 US	Mailing Address P.O. BOX 1012 CHARLOTTE NC 28201-1012
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/29/1993	3a. Date of Last Report 10/02/1996	4. FEI Number 58-1211325	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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: *P. J. ...* **ASSISTANT TREASURER** DATE: **4/19/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BOONE, J. CHRISTOPHER	1.2 NAME	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1100	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	PASCHALL, MICHAEL A	2.2 NAME	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	MCQUIRE, ROBERT B	3.2 NAME	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1100	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	HEARN, MICHAEL D	4.2 NAME	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE: *Michael A. Paschall* **MICHAEL A. PASCHALL** DATE: **4/21/97** DAYTIME PHONE: **(704) 374-9242**

CR2E034 (9/96)