

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 04, 1999 8:00 am
Secretary of State

05-04-1999 90047 013 ***150.00

DOCUMENT # F95000004991

1. Corporation Name
ISR GLOBAL TELECOM, INC.

Principal Place of Business

2600 LAKE LUCIER DR.
350
MAITLAND FL 32751
US

Mailing Address

2600 LAKE LUCIER DR.
350
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

65-0264921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHMALTZ, DONALD R
2600 LAKE LUCIER DR.
SUITE 350
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

Atwal, Peter B.

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

2600 Lake Lucien Drive

83

Suite 350

84 City

Maitland

FL

85 Zip Code
32751

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]
Signature, typed or printed name of registered agent and title if applicable.

Peter B. Atwal

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE	PCT	<input type="checkbox"/> DELETE
NAME	SCHMALTZ, DONALD R	
STREET ADDRESS	3420 S. LAKE BUTLER	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ATWAL, PETER B	
STREET ADDRESS	2417 ALAQUA DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSENFELD, DAVID A	
STREET ADDRESS	600 E GORE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
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	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	618 Butler Street	
1.4 CITY-ST-ZIP	Windermere FL 34786	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mark A. Poidomani	
4.3 STREET ADDRESS	12125 Crescent Cove	
4.4 CITY-ST-ZIP	Windermere FL 34786	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Wesley Nault	
5.3 STREET ADDRESS	4368 Stoneleigh	
5.4 CITY-ST-ZIP	Bloomfield Hills MI 48302	
6.1 TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Thomas Mayer	
6.3 STREET ADDRESS	812 Renaissance Point Blvd, #203	
6.4 CITY-ST-ZIP	Altamonte Springs FL 32714	

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

RECEIVED DAVID A. Rosenfeld

4/28/99

(407) 875-3608 x202

CR2E034 (11/98)

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