

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90006 039 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # F96000002551**

1. Corporation Name  
**ISSENMAN DEVELOPMENTS, INC.**



**Principal Place of Business**

**Mailing Address**

% SACHS & SAX  
301 YAMATO RD. SUITE 4150  
BOCA RATON FL 33431

% SACHS & SAX  
301 YAMATO RD. SUITE 4150  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

**05/22/1996**

**4. FEI Number**

**03-0330547**

**Applied For**

**Not Applicable**

**2. Principal Place of Business**

**21 2400 E. LAS OLAS**

**2a. Mailing Address**

**26 2400 E. LAS OLAS**

Suite, Apt. #, etc.

**22 SUITE #195**

Suite, Apt. #, etc.

**27 SUITE #195**

City & State

**23 FORT LAUDERDALE, FL**

City & State

**28 FORT LAUDERDALE, FL**

Zip

**24 33301**

Country

**25 USA**

Zip

**29 33301**

Country

**30 USA**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**6. Election Campaign Financing  
Trust Fund Contribution**

☐ **\$5.00 May Be  
Added to Fees**

**8. This corporation owes the current year  
Intangible Personal Property.**

☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**SAX, SPENCER M  
301 YAMATO RD, SUITE 4150  
BOCA RATON FL 33431**

**10. Name and Address of New Registered Agent**

**81 Name MARK ISSENMAN**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**2400 E. LAS OLAS, SUITE #195**  
**83**  
**84 City FORT LAUDERDALE FL 85 Zip Code 33301**

**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** Mark Isseman **MARK ISSENMAN, PRESIDENT**

**8/10/99**

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** **CP** ☐ DELETE  
**NAME** **ISSENMAN, MARK**  
**STREET ADDRESS** **2400 E LAS OLAS BLVD SUITE 195**  
**CITY-ST-ZIP** **FT LAUDERDALE FL**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ 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.**

**SIGNATURE:** Mark Isseman **MARK ISSENMAN** **8/10/99**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

**954-850-3447**

CR2E034 (5/99)

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