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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700006043 (0)

INDUSTRY SECTOR CERTIFICATION, INC.

Principal Place of Business

Mailing Address

FILED May 20 1998 8:00am Secretary of State



417 E. SHERIDAN ST., STE 112 DANIA FL 33004		417 E. SHERIDAN ST., STE 112 Dania Fl 33004		DO NOT WRITE IN THIS	S SPACE			
					3. Date Incorporated or Qualified 11/17/1997			
2, Principal Pl	lace of Business	2a. Mading Address			4. FEI Number	/	Applied For	
21		26			VY VI IIVI		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z ip 24	Country 25	Zıp	Country		Personal Property Tax due June 30.			
	Name and Address of Cur				10. Name and Address of New Registered	d Agent		
<u>au</u>	WETT, DAVID. GILL	PIT, DAVIG		81 Name				
417 E. SHERIDANST., STE 112 Dania Fl 33004			Ĺ					
			[83			[
				84 City	F	85 Zig	o Code	
office or ri	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the of	ate of Florida. Such ch ange wa s:	authorized	l by the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing opointment a	its registered as registered	
SIGNATURE						· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or posted name of a gistered	agent and the if applicable (NO AND DIRECTORS	18 Ragistered	Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	DRS IN 12	
TITLE	PD	DELETE	1.1 111	ı F	ADDITIONS/CHANGES TO OFFICERS A	Change		
NAME	GILLETT, DAVID			ME I			_	
STREET ADDRESS	417 SHERIDAN ST., STE 112			REET ADDRESS				
CITY-ST-ZIP	DANIE FL			Y-S1-ZIP				
TITLE	DELETE			LE		☐ Change	Addition	
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 \$11	REET ADDRESS				
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP				
TITLE		DELETE	3.1 (()	LE		Change	Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 \$16	REE1 ADDRESS				
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TITLE		L DELETE	4.1 T/I	LE		Change	e 🔲 Addition	
NAME			4. 2 NA					
STREET ADDRESS			4.3 ST	REET ADDRESS				
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NAME			5 2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		DELETE		Y-ST-ZIP		Change	e Addition	
TITLE		← DECEIE	61 1(1			- Johange		
NAME			62 NA	REET ADDRESS				
STREET ADDRESS				- 1				
CITY-ST-ZIP	partity that the information sportion	d with this films does not qualify	for the exe	Y-ST-ZIP motion stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that t	he information	

4. 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 trusted 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 appears in the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of t