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).

0029691

| PROFIT CORPORATION ANNUAL REPORT **1999** | FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS | FILED 99 SEP 30 AM 11:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # **F97000006043**
1. Corporation Name

INDUSTRY SECTOR CERTIFICATION, INC.

5/8/99 90058 002 $58.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
417 E. SHERIDAN ST. STE 112 DANIA FL 33004	417 E SHERIDAN ST., STE 112 DANIA FL 33004

2. Principal Place of Business
21 | 11430 S.W. 88 ST.
Suite, Apt #, etc
22 |
City & State
23 | MIAMI, FL
Zip 24 | 33066 25 | Country

2a. Mailing Address
26 | 11430 S.W. 88 ST.
Suite, Apt #, etc
27 |
City & State
28 | MIAMI, FL
Zip 29 | 33066 30 | Country

3. Date Incorporated or Qualified
11/17/1997
4. FEI Number
65-0771707 ☐ Applied For ☐ Not Applicable
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

GILLETT, DAVIE
417 E. SHERIDAN ST., STE 112
DANIA FL 33004

10. Name and Address of New Registered Agent
81 Name GILLETT, GARETH
82 Street Address (P.O. Box Number is Not Acceptable) 11430 S.W 88 STREET
83
84 City MIAMI FL 85 Zip Code 33066

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 X _____ X 08/04/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	☑ DELETE	1.1 TITLE PRESIDENT ☑ Change ☐ Addition
NAME GILLETT, DAVID		1.2 NAME GILLETT, GARETH
STREET ADDRESS 417 SHERIDAN ST., STE 112		1.3 STREET ADDRESS 11430 SW 88 ST
CITY-ST-ZIP DANIE FL		1.4 CITY-ST-ZIP MIAMI FL 33066
TITLE	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

CR2E034 (5/99)

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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: X _____ X 08/04/99 (305) 270-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #