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FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G37033 (9)

1. Corporation Name

THE INDEPENDENT SAVINGS PLAN COMPANY



Principal Place of Business

6302 BENJAMIN ROAD
SUITE 414
TAMPA FL 33634

Mailing Address

6420 BENJAMIN ROAD
TAMPA FL 33634-5112
US

3. Date Incorporated or Qualified

05/05/1983

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 6420 Benjamin Road

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

33634-5112

29 Zip

Country

30

4. FEI Number

59-2290504

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

XX

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

XX

No

9. Name and Address of Current Registered Agent

HICKS, ROBERT B, ESQ
6420 BENJAMIN ROAD
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Robert B. Hicks, Esq.

(NOTE: Registered Agent signature required when reinstating)

2/11/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SCHABES, ROBERT J, JR	
STREET ADDRESS	6420 BENJAMIN ROAD	
CITY - ST - ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BENTLEY, CW II	
STREET ADDRESS	6420 BENJAMIN ROAD	
CITY - ST - ZIP	TAMPA FL	
TITLE	CAFS	<input type="checkbox"/> DELETE
NAME	HICKS, ROBERT B	
STREET ADDRESS	6420 BENJAMIN ROAD	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	Chief Administrative <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Officer; Secretary
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Robert B. Hicks, Esq.

2/11/97 (813) 881-1988
Date Daytime Phone #

CR2E034 (9/96)