1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90120 043 ***150.00

i. Corporation	MENT # G60777 ISE SALES, INC.					
Principal Place	e of Business	Mailing Address		F INDESTIS ONCE WITH MOUST HOUSE SOME SOMES	318)1 Q(8)1 Q(8)) BIG	NA BIBN 1881
625-G HERNDON AVENUE 625-G HERNDON AVENUE ORLANDO FL 32803 ORLANDO FL 32803				DO NOT WRITE IN THIS	S SPACE	
				3. Date Incorporated or Qualifed 09/22/1983		
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Арр	lied For
21		26		<u>59-2334189</u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In		_
24	25	29 30)	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
						:
DANIELS, DOUGLAS A				ress (P.O. Box Number is Not Acceptable)		
149-F SOUTH RIDGEWOOD						
SUITE 120			83			
DAYTONA BEACH FL 32114			84 City		85 Zip Co	ode
)) '	FI	<u>- 1 1 </u>	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of manifer with, and accept the obligations.	if Florida. Such cha pde was auth	orized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint the appoint of the purpose of the appoint to the appoint the appoint to the appoi	f changing its regi ∍intment as regi ⇒	egistered stered
SIGNATURE	Jourge !	Solut	gistered Agent signature require	ed when reinstating) DATE		
12.	Signature, typed or printed ame of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOF	RS IN 12
TITLE	DC ·	DELETE	1.1 TITLE		Change	☐ Addition
NAME	DODGE, N P		1.2 NAME			}
STREET ADDRESS	765 N BEACH ST		1.3 STREET ADDRESS			
	ORMOND BCH, FL 32074		1.4 CITY-ST-ZIP			
CITY-ST-ZIP	DS	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	DODGE, VIRIGINIA L	— :: =====	2.2 NAME			
STREET ADDRESS	765 N BEACH ST		2.3 STREET ADDRESS			}
	ORMOND BCH, FL 32074		2. 4 CITY-ST-ZIP			
CITY-ST-ZIP	DT	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME .	GEHRING, BARBARA R.	_ -	3.2 NAME			
STREET ADDRESS	1208 ERROL PARKWAY		3.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712		3.4. CITY-ST-ZIP			
TITLE	MP	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	GEHRING, DOUGLAS F.		4 2 NAME			
STREET ADDRESS	1208 ERROL PARKWAY		4.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712		44 CITY-ST-ZIP			
TITLE	7 - 01 10 11 1	☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
777 F		□ DELETE	6.1 TITLE		Change	Addition

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 an antachment with an address, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS