

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

1996 4-10-96 B-3350 DIVISION OF CORPORATIONS C

DOCUMENT # **H73424 (4)**

1. Corporation Name  
**I & S MANAGEMENT, INC.**



Principal Place of Business: **2880 W. OAKLAND PARK BLVD. #118 FT LAUDERDALE FL 33311**  
Mailing Address: **2880 W. OAKLAND PARK BLVD. #118 FT LAUDERDALE FL 33311**

2. Principal Place of Business: **21 AS ABOVE**  
22 City & State  
23 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified: **08/26/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2583119**  
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 has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SCHMOCKER, SUSANNA  
2713 NE 30TH AVENUE  
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent  
81 Name: **Susanna Schmocker**  
82 Street Address (P.O. Box Number is Not Acceptable): **c/o I & S Management, Inc. 2880 W. Oakland Park Blvd.**  
83 **Suite 118**  
84 City: **Ft. Lauderdale** FL 85 Zip Code: **33311**

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: *Susanna Schmocker* DATE: **4/4/96**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHMOCKER, SUSANNA	
STREET ADDRESS	2713 NE 30TH AVENUE	
CITY-ST-ZIP	LIGHTHOUSE POINT 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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susanna Schmocker	
STREET ADDRESS	2880 W Oakland Park Blvd. Suite 118	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: *Susanna Schmocker* DATE: **4/4/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Susanna Schmocker, President**

CR2E034 (12/95)