FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:48

DOCUMENT # J37830 (3)

1. Corporation Name
I.S.I. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3206 S. CIBWAT RD STE 1 ORLANDO FL 32812 US	3206 S. CONWAY RD STE 1 ORLANDO FL 32812 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1986
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business 21: 3206 S. Conway Rd
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: 59-2724100 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M.
430 NORTH MILLS AVENUE
ORLANDO FL 32803

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAD	1.1 TITLE	☐ Change ☐ Addition
NAME	HANKINS, RONALD W.	1.2 NAME	
STREET ADDRESS	555 SEMINOLE WOODS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, ALVIE L.	2.2 NAME	
STREET ADDRESS	4648 OAK ARBOR CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	HANKINS, TERRACE	3.2 NAME	
STREET ADDRESS	2550 PALM AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	AKINS, ROBERT C.	4.2 NAME	
STREET ADDRESS	781 GREENS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	GAY, BYRON D.	5.2 NAME	
STREET ADDRESS	2324 CARIBBEAN CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, DAVID E.	6.2 NAME	
STREET ADDRESS	3206 S. CONWAY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 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)(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: Ronald Hankins Ronald Hankins 1-17-95 407-349-9150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060166 CP