

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 22 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 # J53936**

**(7)**

1. Corporation Name  
**ISSA HOMES SOUTHERN, INC.**



Principal Place of Business

% FRANCIS J. ISSA  
21301 POWERLINE RD #206  
BOCA RATON FL 33433

Mailing Address

% FRANCIS J. ISSA  
21301 POWERLINE RD #206  
BOCA RATON FL 33433-2393

3. Date Incorporated or Qualified  
**01/28/1987**

3a. Date of Last Report  
**02/27/1996**

2. Principal Place of Business

21 **3900 Bonaventure Blvd.**  
Suite Apt. #, etc.

2a. Mailing Address

26 **1112 Weston Road**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2762007**

Applied For  
Not Applicable

22 City & State

23 **Weston, FL**

27 City & State

28 **Weston, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip

25 **33332**

Country

25 **Broward**

29 Zip

29 **33326**

Country

30 **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

ISSA, FRANCIS J.  
21301 POWERLINE RD  
SUITE 206  
BOCA RATON FL 33433

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ISSA, FRANCIS J.	
STREET ADDRESS	21301 POWERLINE RD #206	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HEMPEL, DONALD	
STREET ADDRESS	21301 POWERLINE RD #206	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	COSTELLO, FRED D.	
STREET ADDRESS	21301 POWERLINE RD #206	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KORBEL, KATHLEEN	
STREET ADDRESS	21301 POWERLINE RD #206	
CITY - ST - ZIP	BOCA RATON FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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: *Francis J. Issa*

Francis J. Issa

1/8/97

954/349-0199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)