

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J53936

1. Entity Name
ISSA HOMES SOUTHERN, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90008 035 ***158.75

Principal Place of Business 599 CELEBRATION PLACE STE H CELEBRATION FL 34747 US	Mailing Address PO BOX 470007 CELEBRATION FL 34747-0007 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2762007	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ISSA, FRANCIS J.
1112 WESTON RD
STE 228
FT LAUDERDALE FL 33326**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE DP	<input type="checkbox"/> Delete
NAME ISSA, FRANCIS J.	
STREET ADDRESS 599 CELEBRATION PLACE STE H	
CITY-ST-ZIP CELEBRATION FL 34747	
TITLE DVP	<input type="checkbox"/> Delete
NAME HEMPEL, DONALD	
STREET ADDRESS 599 CELEBRATION PLACE STE H	
CITY-ST-ZIP CELEBRATION FL 34747	
TITLE DVP	<input type="checkbox"/> Delete
NAME COSTELLO, FRED D.	
STREET ADDRESS 599 CELEBRATION PLACE STE H	
CITY-ST-ZIP CELEBRATION FL 34747	
TITLE S	<input type="checkbox"/> Delete
NAME KORBEL, KATHLEEN	
STREET ADDRESS 599 CELEBRATION PLACE STE H	
CITY-ST-ZIP CELEBRATIONS FL 34747	
TITLE VP	<input type="checkbox"/> Delete
NAME MARCHELL, JEFFREY	
STREET ADDRESS 599 CELEBRATION PLACE STE H	
CITY-ST-ZIP CELEBRATION FL 34747	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald Hempel* **DONALD HEMPEL** **3/24/00** **(407) 566-4772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)