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 JUN 22 AM 9:05

DOCUMENT # **J74994** **(1)**

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

Principal Place of Business	Mailing Address
~~2 MAJOR ALLEY~~ ~~PALM BEACH FL 33480~~	~~2 MAJOR ALLEY~~ ~~PALM BEACH FL 33480~~ See below

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 1701 S. Flagler Drive	26 P O Box 2801
Suite, Apt. #, etc. 22 Apt 1509	Suite, Apt. #, etc. 27
City & State 23 W. Palm Beach FL	City & State 28 Palm Beach FL
Zip / Country 24 33401 / 25 USA	Zip / Country 29 33480 / 30 USA

3. Date Incorporated or Qualified: 05/29/1987
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-2804691 ☐ 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

SEYMOUR, CAROLINE
2 MAJOR ALLEY
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1701 S Flagler Drive
83 Apt 1509
84 City: W Palm Beach **FL** 85 Zip Code: 33401

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	P	11 TITLE	☐ Change ☐ Addition
NAME	WALTHUIS,ALLARD	12 NAME	
STREET ADDRESS	2 MAJOR ALLEY	13 STREET ADDRESS	1701 S Flagler Drive #1509
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	W Palm Beach FL 33401
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	HARLOFF,VEDA	22 NAME	
STREET ADDRESS	2 MAJOR ALLEY	23 STREET ADDRESS	1701 S Flagler Drive #1509
CITY-ST-ZIP	PALM BEACH FL	24 CITY-ST-ZIP	W Palm Beach FL 33401
TITLE	CV	31 TITLE	☐ Change ☐ Addition
NAME	SEYMOUR,CAROLINE	32 NAME	
STREET ADDRESS	2 MAJOR ALLEY	33 STREET ADDRESS	1701 S Flagler Drive #1509
CITY-ST-ZIP	PALM BEACH FL	34 CITY-ST-ZIP	W Palm Beach FL 33401
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Caroline V. Seymour 4/18/95 407 659-5904
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0439500 FP