


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

FILED  
Jan 29 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K29757 (7)</b>					
1. Corporation Name <b>ISIS RISING, INC.</b>					
Principal Place of Business <b>16015 SW FRAM ROAD INDIANTOWN FL 34956 US</b>			Mailing Address <b>P.O. BOX 691867 ORLANDO FL 32869 US</b>		
2. Principal Place of Business <b>21 16015 SW FARM RD</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>07/18/1988</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0068126</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BRADSHAW, TAYLOR 11214 SHER LN ORLANDO FL 32836</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>D PURSEL, JACH</b>					
STREET ADDRESS <b>12179 S APOPKA VINELAND RD, #136</b>					
CITY - ST - ZIP <b>ORLANDO FL 32836</b>					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME <b>D NORTH, PENY</b>					
STREET ADDRESS <b>12179 S APOPKA VINELAND RD, #136</b>					
CITY - ST - ZIP <b>ORLANDO FL 32836</b>					
1.3 TITLE <input type="checkbox"/> DELETE					
NAME <b>D NORTH, MICHAELL</b>					
STREET ADDRESS <b>12179 S APOPKA VINELAND RD, #136</b>					
CITY - ST - ZIP <b>ORLANDO FL 32836</b>					
1.4 TITLE <input type="checkbox"/> DELETE					
NAME <b>D LANDERS, ZOE</b>					
STREET ADDRESS <b>12179 S APOPKA VINELAND RD, #136</b>					
CITY - ST - ZIP <b>ORLANDO FL 32836</b>					
1.5 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
1.6 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
14. 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 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: <b>John Purse</b> <b>1-23-98 407-876-1876</b>					

CR2E034 (10/97)