

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K98438 (0)
 1. Corporation Name
ISC OF MIAMI, INCORPORATED



Principal Place of Business 815 NW 57 AVENUE SUITE 300 MIAMI FL 33126-2004	Mailing Address 815 NW 57 AVENUE SUITE 300 MIAMI FL 33126-2004
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business 21 815 NW 57th Ave. Suite, Apt. #, etc. 22 Ste. 300 City & State 23 Miami, FL Zip 24 33126	2a Mailing Address 26 5420 LBJ Freeway Suite, Apt. #, etc. 27 Ste. 1400 City & State 28 Dallas TX Zip 29 75240
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3 Date Incorporated or Qualified 06/27/1989	4 FEI Number 65-0125132
5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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
BREEDEN, DON M
815 NW 57TH AVE
SUITE 300
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name
Russ Selinger
82 Street Address (P.O. Box Number is Not Acceptable)
815 NW 57th Ave. Ste. 300
83
84 City
Miami **FL** **85** Zip Code
33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, 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 *Russ Selinger* **Russ Selinger** DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BREEDEN, DON M	
STREET ADDRESS	815 NW 57TH AVENUE #300	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BENRUBI, EVAN S	
STREET ADDRESS	815 NW 57TH AVENUE #300	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BREEDEN, TARA A	
STREET ADDRESS	815 NW 57TH AVENUE #300	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENRUBI, LORI G	
STREET ADDRESS	815 NW 57TH AVENUE #300	
CITY-ST-ZIP	MIAMI 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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Russ Selinger	
1.3 STREET ADDRESS	815 NW 57th Ave. #300	
1.4 CITY-ST-ZIP	Miami, FL 33126	
2.1 TITLE	VP President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chris Nehls	
2.3 STREET ADDRESS	5420 LBJ Freeway #1400	
2.4 CITY-ST-ZIP	Dallas, TX 75240	
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 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: *Chris Nehls* **Chris Nehls** **214-571-1600**

CR2E034 (10/97)