

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 5 PM '95

DOCUMENT # L47636 (0)

1. Corporation Name
ISSI CORP.Principal Place of Business
778 S MILITARY TRAIL
DEERFIELD BEACH FL 33442Mailing Address
778 S MILITARY TRAIL
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/30/1990
3a. Date of Last Report 07/14/19944. FEI Number 65-0187942
Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No2. Principal Place of Business
21 160 SW 12th Avenue #109
Suite, Apt. #, etc.
22
City & State
23 Deerfield Beach FL
Zip
24 33442
Country
25 U.S.A.
2a. Mailing Address
26 160 SW 12th Avenue
Suite, Apt. #, etc.
27 #109
City & State
28 Deerfield Beach, FL
Zip
29 33442
Country
30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCE, SCOTT
778 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 3344281 Name MOE, SCOTT
82 Street Address (P.O. Box Number is Not Acceptable)
160 S.W. 12th Avenue
#109
83
City Deerfield Beach FL 85 Zip Code 33442

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HUA, SAM
STREET ADDRESS 9463 LAKE SERENA DRIVE
CITY - ST - ZIP BOCA RATON FLTITLE D
NAME FRASER, DUNCAN
STREET ADDRESS 1 FOX HOLLOW
CITY - ST - ZIP WAYLAND MATITLE D
NAME MOE, SCOTT
STREET ADDRESS 1170 SW 122ND AVE
CITY - ST - ZIP PEMBROKE PINES FLTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)