FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L47636 (0)

1. Corporation Name

ISSI CORP.

Principal Place of Business	Mailing Address
160 SW 12TH AVE. 109 DEERFIELD BEACH FL 33442 US	160 SW 12TH AVE. 109 DEERFIELD BEACH FL 33442 US

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/30/1990
3a. Date of Last Report: 03/10/1995
4. FEI Number: 65-0187942 ☐ 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**

MOE, SCOTT
160 SW 12TH AVE., 109
DEERFIELD BEACH FL 33442

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

TITLE	D	☐ DELETE
NAME	HUA, SAM	
STREET ADDRESS	9463 LAKE SERENA DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☑ DELETE
NAME	FRASER, DUNCAN	
STREET ADDRESS	1 FOX HOLLOW	
CITY-ST-ZIP	WAYLAND MA	
TITLE	D	☐ DELETE
NAME	MOE, SCOTT	
STREET ADDRESS	3103 NW 2RD AVE., 2	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	☐ DELETE
NAME	HANEY, JAMES W	
STREET ADDRESS	8383 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD, NY	
TITLE	D	☐ DELETE
NAME	FRANCIS, WILLIAM J	
STREET ADDRESS	8383 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD, NY	
TITLE	D	☐ DELETE
NAME	CORTESE, GREGORY T.	
STREET ADDRESS	8383 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD, NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	HANEY, JAMES W	
1.3 STREET ADDRESS	8383 SENECA TURNPIKE	
1.4 CITY-ST-ZIP	NEW HARTFORD, NY	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	FRANCIS, WILLIAM J	
2.3 STREET ADDRESS	8383 SENECA TURNPIKE	
2.4 CITY-ST-ZIP	NEW HARTFORD, NY	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	CORTESE, GREGORY T.	
3.3 STREET ADDRESS	8383 SENECA TURNPIKE	
3.4 CITY-ST-ZIP	NEW HARTFORD, NY	
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 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: SAM HUA 3/28/96 (954)481-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)